

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0492	PERMIT ISSUED Issue Date: MAY 05 2004	CBL: 392 A015001
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Location of Construction: 226 Hope Ave	Owner Name: Kelly Peter W Iv &	Owner Address: 7 Tremont St	Phone:
Business Name:	Contractor Name: Quality Insulation	Contractor Address: 65 Downeast Drive Yarmouth	Phone: 2078467745
Lessee/Buyer's Name:	Phone:	Permit Type: HVAC	Zone: R3

Past Use: Single Family	Proposed Use: Single Family w/direct vent gas fireplace	Permit Fee: \$39.00	Cost of Work: \$0.00	CEO District: 5
Proposed Project Description: Install direct vent gas fireplace		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: Heat	
		Signature:	Signature: JMB 5/4/04	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: kwd	Date Applied For: 04/28/2004	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: JMB 5/4/04	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: JMB
	<i>approved orig permit # 04-0024</i>		

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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Location of Construction: 226 Hope Ave	Owner Name: Kelly Peter W Iv &	Owner Address: 7 Tremont St	Phone:
Business Name:	Contractor Name: Quality Insulation	Contractor Address: 65 Downeast Drive Yarmouth	Phone (207) 846-7745
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Single Family w/direct vent gas fireplace	Proposed Project Description: Install direct vent gas fireplace
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Dept: Zoning Status: Approved Reviewer: Jeanine Bourke Approval Date: 05/04/2004
 Note: Ok to Issue:

Dept: Building Status: Approved Reviewer: Jeanine Bourke Approval Date: 05/04/2004
 Note: Ok to Issue:



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 226 Hope Ave

CBL 392 A015001

Issued to Goldeneye Corp /Risbara Bros Construction

Date of Issue 07/07/2004

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 04-0024, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family w/rear deck, front porch,
and 2-car attached garage

Use Group: R-3

Type:5B Boca 1999

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

7/7/04 *Marklund Wing*
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

* 226 HOPE AVE. KELLY - RISBARA CONST.

HORIZONTAL VENT FIGURES/TABLES

Note: Secure Vent components (rigid vent pipe and terminal) are shown in the figures; Secure Flex components (flexible vent pipe and terminal) may also be used.

Note: Two 45 degree elbows may be used in place of one 90 degree elbow. The same rise to run ratios, as shown in the venting figures for 90 elbows, must be followed if 45 degree elbows are used.

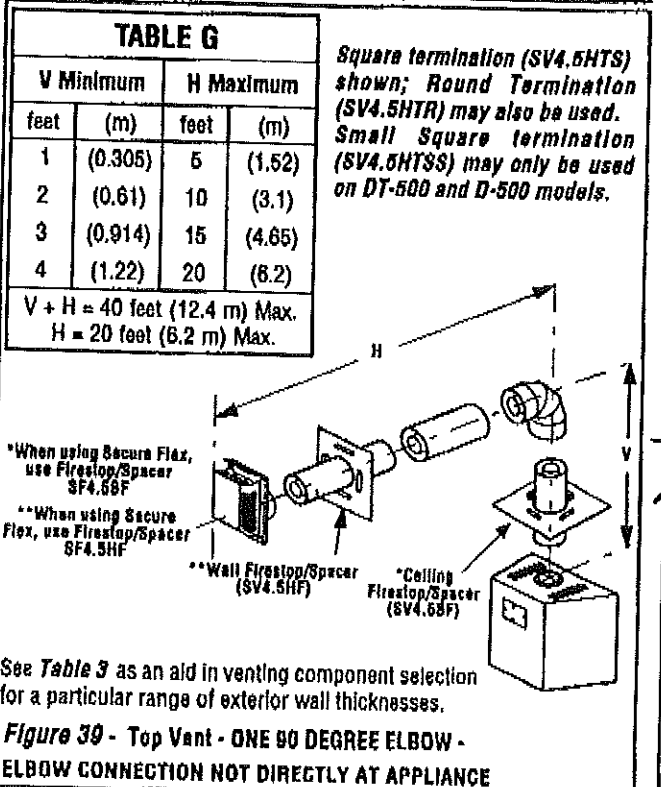
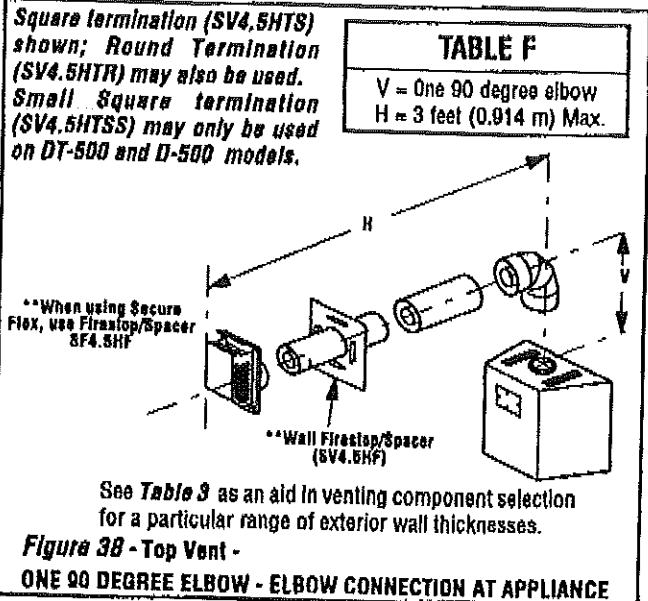
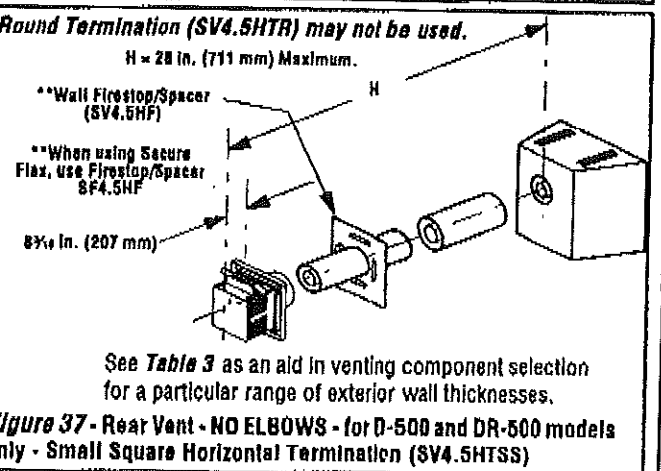
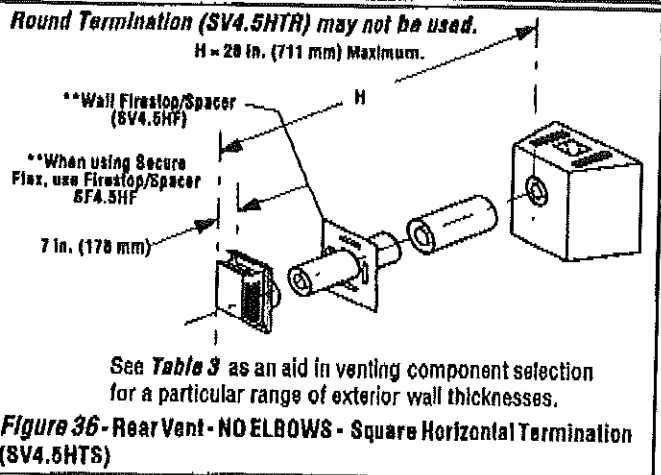
Note: SV4.5BF (Secure Vent), SF4.5BF (Secure Flex) firestop/spacer must be used anytime vent pipe passes through a combustible floor or ceiling. SV4.5HF (Secure Vent), SF4.5HF (Secure Flex) firestop/spacer must be used anytime vent pipe passes through a combustible wall.

WARNING: UNDER NO CIRCUMSTANCES MAY SEPARATE SECTIONS OF CONCENTRIC FLEXIBLE VENT PIPE BE JOINED TOGETHER.

Note: It is very important that the horizontal/ inclined run be maintained in a straight (no dips) and slightly elevated plane in a direction away from the fireplace of 1/4" rise per foot (20 mm per meter) of horizontal vent.

TABLE 3
Venting Components Required for Various Exterior Wall Thicknesses, When Using Any of These Termination Kits - Square Termination (SV4.5HTS), Small Square Termination (SV4.5HTSS), Round Termination (SV4.5HTR)

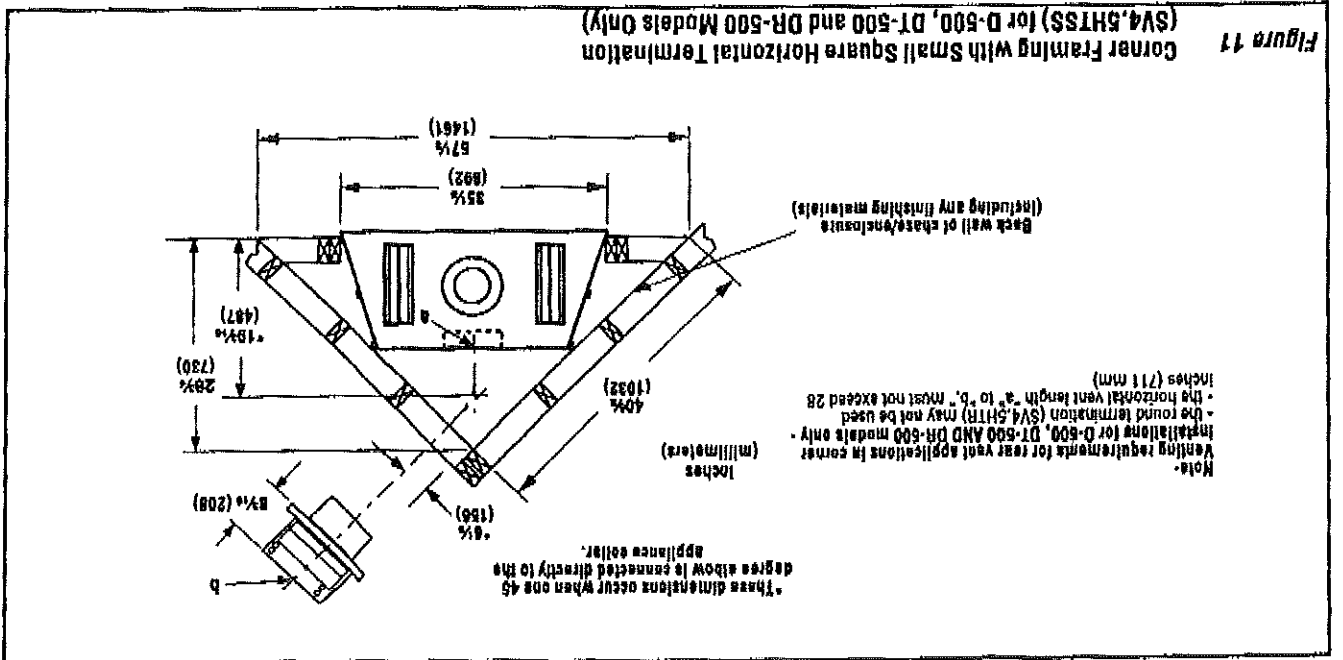
Venting Components Required	Exterior Wall Thickness Inches (mm)
Termination Kit Only	5 to 9 1/4 (127 to 235)
Termination Kit and 6 in. vent section (SV4.5L6)	9 1/4 to 13 3/4 (235 to 349)
Termination Kit and 12 in. vent section (SV4.5L12)	15 3/4 to 19 3/4 (400 to 502)
Termination Kit and Telescopic section (SV4.5LA) and 6 in. vent section (SV4.5L6)	10 3/4 to 20 3/4 (273 to 527)



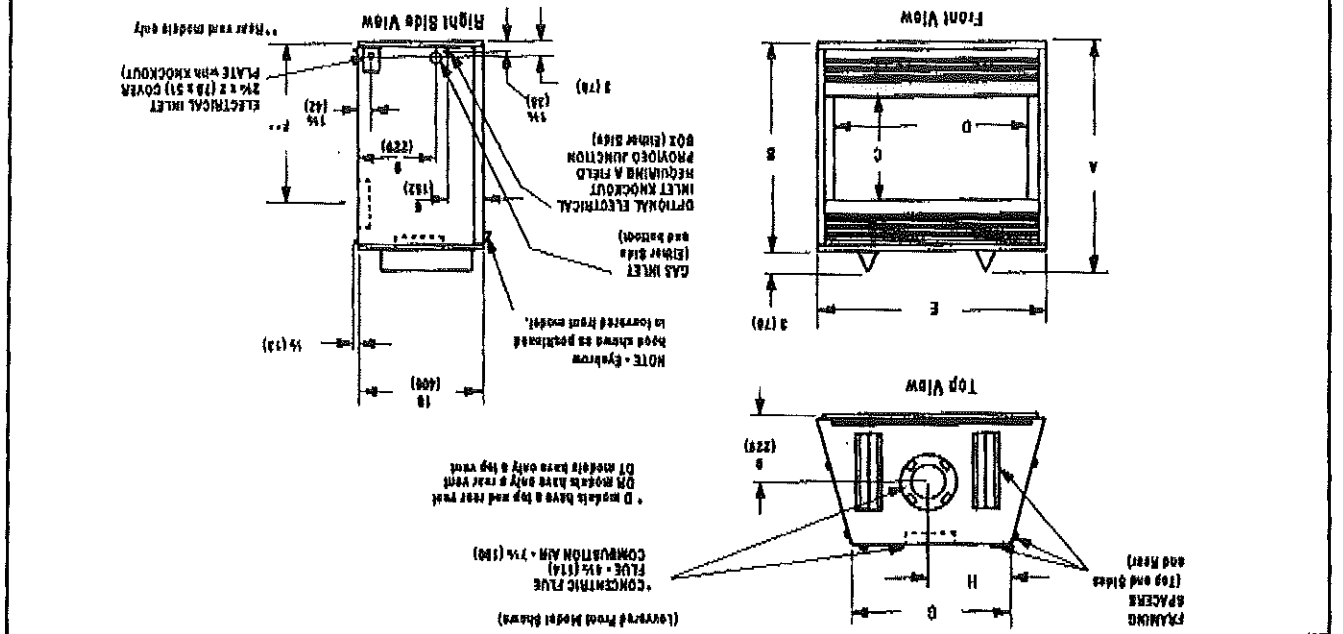
NOTE: DIAGRAMS & ILLUSTRATIONS NOT TO SCALE.

Quality Insulation Co
846-7745

FIREPLACE FRAMING SPECIFICATIONS



FIREPLACE SPECIFICATIONS



Model No.	A	B	C	D	E	F	G	H
D-500	In. 35 1/8	32 1/8	19	29 1/8	35 1/8	21 1/8	24 1/8	12 1/8
DT-500	mm 892	816	483	749	892	551	632	316
DR-500	mm 892	816	483	749	892	551	632	316
D-500	In. 40 1/8	37 1/8	24	34 1/8	40 1/8	26 1/8	29 1/8	14 1/8
DT-500	mm 1019	943	610	876	1019	678	759	379
DR-500	mm 1019	943	610	876	1019	678	759	379
D-500	In. 40 1/8	37 1/8	24	34 1/8	40 1/8	26 1/8	29 1/8	14 1/8
DT-500	mm 1019	943	610	876	1019	678	759	379
DR-500	mm 1019	943	610	876	1019	678	759	379
D-500	In. 44 1/8	41 1/8	28	38 1/8	44 1/8	30 1/8	33 1/8	16 1/8
DT-500	mm 1146	1043	710	976	1146	778	859	419
DR-500	mm 1146	1043	710	976	1146	778	859	419

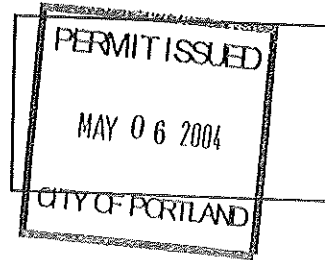
NOTE: DIAGRAMS & ILLUSTRATIONS NOT TO SCALE.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

04-0492



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

392 A 015

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL (LOT 15) #226 HOPE AVE Use of Building HOUSE Date 4/26/04
 Name and address of owner of appliance RISBARA BROS. CONST. / Peter + Julie Kelly
US RT 1 SCARBORO
 Installer's name and address TERRY ANDREWS (QUALITY INSULATION CO)
65 DOWNEAST DR. YARMOUTH, ME Telephone 846-7745

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

DIRECT VENT

Appliance Name: LENNOX GAS FIREPLACE

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain:

The Type of License of Installer:

- Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # PNT 4272
 Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
 Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 1255.00

Permit Fee: \$ 39.00

Approved

Approved with Conditions

Fire: _____

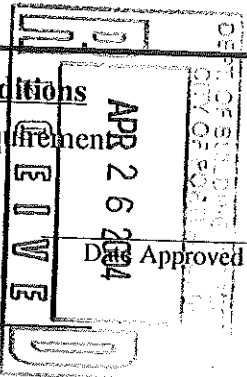
Ele.: _____

Bldg.: JMB

See attached letter or requirements

Inspector's Signature

Signature of Installer Terry L. Andrews



White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

Cash

TO: Inspections Department
FROM: Jay Reynolds, Development Review Coordinator
DATE: July 8, 2004
RE: C. of O. for # 226 Hope Avenue, Lot 15 PRP III
(CBL 392A015) (ID 2004-0005)

After visiting the site, I have the following comments:

Site work complete:

At this time, I recommend issuing a permanent Certificate of Occupancy.

Please contact me if you have any questions or comments.

Cc: Sarah Hopkins, Development Review Services Manager
Mike Nugent, Inspection Services Manager

File: O:\plan\drc\hopelot15b.doc