

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1164	Issue Date:	CBL: 422 B008001
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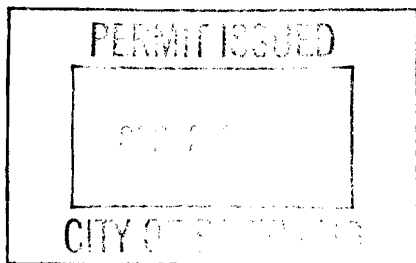
Location of Construction: 352 PRESUMPCOT ST	Owner Name: COLLINS BRUCE D JR & SONNA	Owner Address: 4885 PARK RIDGE BLVD	Phone:
Business Name:	Contractor Name: Union Oil Company	Contractor Address: 63 Ocean St. So Portland	Phone 2077991521
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: I-L

Past Use: Commercial - <i>Pack Edge</i>	Proposed Use: Commercial Install a Reznor gas heating system - <i>Pack Edge</i>	Permit Fee: \$40.00	Cost of Work: \$1,820.00	CEO District: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>Conditions: MUST meet NFPA 101 and NFPA 70</i>	INSPECTION: Use Group: <i>Business</i> Type: <i>SA</i> <i>IBC 2003</i> <i>ST ME. GAS Regs</i>	

Proposed Project Description: Install a Reznor gas heating system	Signature: <i>M. Hutto 9/27/07</i>	Signature: <i>Jm 10/16/07</i>
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: dmartin	Date Applied For: 09/20/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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: <i>9/20/07</i>	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: _____
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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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Business Name:	Contractor Name: Union Oil Company	Contractor Address: 63 Ocean St. So Portland	Phone (207) 799-1521
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

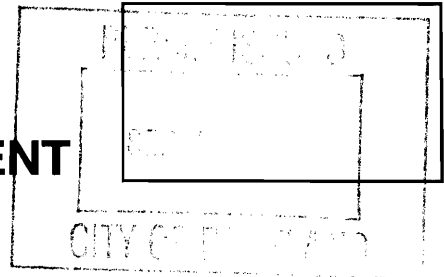
Proposed Use: Commercial Install a Reznor gas heating system for Packedge	Proposed Project Description: Install a Reznor gas heating system for Pack Edge
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/20/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/16/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				
2) The installation must comply with the State of Maine Gas Regulations.				
Dept: Fire	Status: Approved with Conditions	Reviewer: Deputy Chief Shutts	Approval Date: 09/27/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Installation shall comply with NFPA 70 Compliance Letter required.				
2) All construction shall comply with NFPA 101				



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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 42288 Use of Building Commercial Date 9/14/2007
 Name and address of owner of appliance Jim Freeman (Park Edge)
352 Pradumscott St Portland, ME
 Installer's name and address (TANKS & exterior lines) Union Oil Co.
So. Portland, Me. Telephone 207-799-1521

Location of appliance:

- Basement
- Floor
- Attic
- Roof Interior Hanging

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: ceznor

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 # outside work only Lic # PNT3776
- Other TANKS & IMOS

Type of Chimney:

- Masonry Lined
- Factory built _____

- Metal
- Factory Built U.L. Listing # B-Vent

- Direct Vent
- Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

Union Oil Co. owns the tanks
Propane

Size of Tank ~~1000~~ 1000 GAL each
above ground

Number of Tanks (2)

Distance from Tank to Center of Flame 120'+/- feet.

Cost of Work: \$ 1,820⁰⁰

Permit Fee: \$ _____

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Signature of Installer Jabu A. Mohammed

Inspector's Signature _____

Date Approved _____

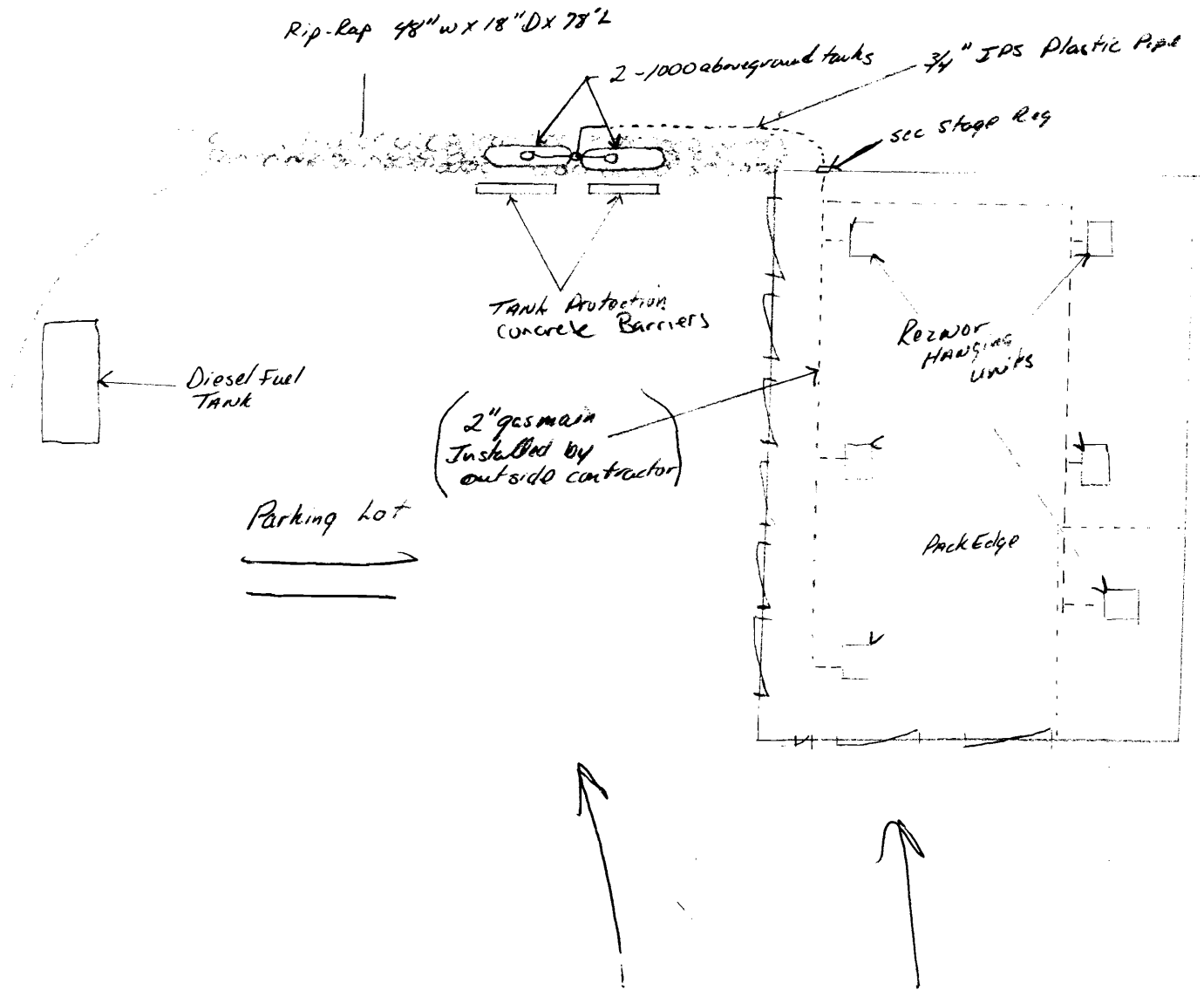
White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy



SITE PLAN - Pack Edge
352 Presumscott St
Portland ME. 04103
Acet

CBL 422B0

2 - 1000 Aboveground LP tanks



Tanks set on Rip-Rap Base w/ cement pad under each leg of tank
1st Tank is 25' away from building 2nd tank is placed in line w/
1st tank w/ a space of 48" separation.

Underground line is 3/4" IPS poly w/ 2 standard Risers. 1st 19' of line from building was run in PVC sleeve for protection from rock(splashing)
Next 10' of line was able to be buried in Sand & last 6' of line in PVC sleeve for protection from (Rip Rap).

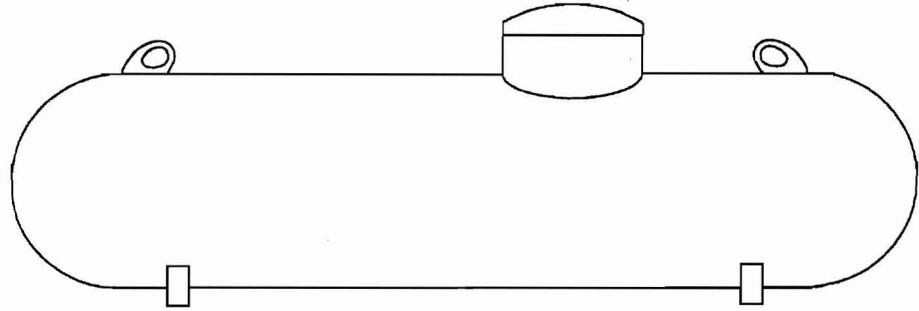
Tanks w/ placed in Parrell w/ Parking lot and Jersey Barriers were installed for tank protection.

Tanks were also located 25' ± from Diesel tanks.

JH



Underground/Aboveground Tanks



Underground Tanks

Part#	Capacity in W.G.	Overall Length	Outside Diameter (in)	Overall Height w/26" Riser	Weight	Number Per Stack	Number Per Load	Webb#
G/T250UG	250	7' - 8"	30" OD	38"	480	5	30	185234
G/T320UG	320	9' - 6"	30" OD	38"	620	5	25	185238
G/T500UG	500	10' - 0"	37" OD	65"	940	5	25	185249
G/T1000UG	1000	15' - 10"	41" OD	69"	1800	5	15	185225

Aboveground Tanks

Part#	Capacity in W.G.	Overall Length	Outside Diameter (in)	Leg Spacing	Weight (lbs)	Number Per Stack	Number Per Load	Webb# (White)	Webb# (Gray)
G/T120AG	120	5' - 7"	24" OD	37 1/2"	260	14	112	205731	
G/T250AG	250	7' - 8"	30" OD	60"	480	9	54	185233	198025
G/T320AG	320	9' - 6"	30" OD	60"	620	9	45	185237	
G/T500AG	500	10' - 0"	37" OD	60"	940	6	30	185248	198024
G/T1000AG	1000	15' - 10"	41" OD	138"	1800	5	15	185224	

AG/UG Tank

Part#	Capacity in W.G.	Overall Length	Outside Diameter (in)	Overall Height w/Riser & Leg	Leg Spacing	Weight (lbs)	# Per Stack	Number Per Load	Webb#
G/T120AG/UG	120	5' - 8"	24" OD	36"	37 1/2"	260	12	96	185228
G/T250AG/UG	250	7' - 9"	30" OD	40"	60"	480	9	54	202413
G/T320AG/UG	320	9' - 11"	30" OD	40"	60"	620	9	45	193388
G/T500AG/UG	500	10' - 0"	37" OD	47"	60"	940	6	30	194172
G/T1000AG/UG	1000	15' - 10"	41" OD	51"	138"	1800	5	15	204553

500 Aboveground Tank with 1 1/4 Bottom Opening for Fill Stations

Part#	Capacity in W.G.	Overall Length	Outside Diameter (in)	Leg Spacing	Weight (lbs)	Webb#
G/T500AG-B	500	10' - 0"	37" OD	60"	950	215818

All 1000 AG come standard with bottom 1 1/4 NPT opening

How to Make Up a Mixed Truckload

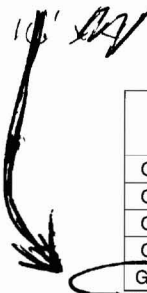
Model	120AG	250AG	320AG	500AG	1000AG	1000AG
Diameter	24"	30"	30"	37"	41"	41"
Footprint	6'	8'	10'	10'	16'	20'
	14-120	9-250 4-120 6-250	9-320 6-250 3-320	6-475 6-500	5-1000 3-1000 8-120	1,525 3-1000 6-320
		8-120 3-250	3-250 6-320	3-475 8-120	3-1000 6-250	3-1000 4-500
		4-150 6-250		3-500 8-120		3-1000 4-500
		8-150 3-250		3-475 8-150		
				3-500 8-150		
				3-475 3-500		

Notes

- The chart for AG models is applicable to AG/UG and UG models with the following exceptions:
 120 and 150 AG/UGs — stack drops from 14 to 12.
 250 and 320 UGs — stack drops from 9 to 5 tanks.
 475 and 500 UGs — stack drops from 6 to 5 tanks.
- A maximum of 2 models of ASME tanks per stack.
- A maximum of 1 mixed stack per load. Use longer length for calculating space required.
- A full load must measure between 46' and 50'.
- We can ship 52' (not allowed in some states) if the load meets additional criteria. (must be all AG tanks)

LP TANK SPECS

PACK edge
2 ea.
1000 above ground





WHITE - OFFICE COPY - YELLOW - CUSTOMER COPY PROPANE SERVICE AGREEMENT & GAS APPLIANCE SYSTEM CHECK

THIS AGREEMENT, THE TERMS AND CONDITIONS OF WHICH ARE PRINTED ON THE REVERSE HEREOF

MADE THIS 25 DAY OF 1 MONTH 07 YEAR, BY AND BETWEEN UNION OIL COMPANY SP LOCATION _____, AND _____

NAME Pack Edge (CUSTOMER) ACCT. NO. 156189
INSTALL ADDRESS 352 Presumpscott St Portland 04105 799-6600
MAILING ADDRESS _____
PROPERTY OWNER'S NAME _____
PROPERTY OWNER'S MAILING ADDRESS _____

PROPERTY OWNER HEREBY ASSENTS TO THE APPLICATION HEREIN MADE BY THE CUSTOMER AND AGREES THAT THE REQUESTED INSTALLATION BE MADE. 46 By X 47 X 48 49 50 (DATE)

Performance Check: Item	Control Heating-1	Space Heater-2	Water Heater-3	Range-4	Clothes Dryer-5	6
Manufacturer	UDAPIAS	UDAPIAS	UDAPIAS	UDAPIAS	UDAPIAS	Gama
Model No.	BFKM/4JTAIG	same 217X	same 217X	same 217X	same 217X	6Y15E00000
Serial No.	120,000	120,000	120,000	120,000	120,000	no11656759
Fuel	LP	LP	LP	LP	LP	120,000
Manual Shutoff (Installed/Existing)	Same Yes	Same Yes	Yes	Yes	Yes	Yes
Sediment Trap (Installed/Existing)	Yes	Yes	Yes	Yes	Yes	Yes
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System	EL	EL	EL	EL	EL	EL
Ignition System(s) Mfr./Model No.	EL	EL	EL	EL	EL	EL
Thermostats Mfr./Model No.	Yes	Yes	Yes	Yes	Yes	Yes
Burner(s)/Combustion Chamber	OK	OK	OK	OK	OK	OK
Venting System/Draft Diverter						
Combustion Air						
Red Tag (Removed from Service) Recall						

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	TANK COND.	PAINT COND.	PIGTAIL COND.	FITTINGS COND.	GAUGE COND.	RELIEF VALVE			FITTINGS LEAK TEST
											COND.	DATE	CAP	
1000	862552	Qualif	06	06	ok									Yes
1000	862547	same	06	06										Yes

SINGLE STAGE	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE			
	MATERIAL	SIZE								IN WC	IN WC		
TWO STAGE	1st	BI	3/4	10006	Rego	New	TR9	vert	Lid	10	10	PSIG	PSIG
	2nd	BI	1"	10002	Rego	New	Y8'S	down		11	15	IN WC	IN WC

SINGLE STAGE/INTEGRAL/SECOND STAGE	START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)		
	9	9	10min	OK
TWO STAGE	1st			
	2nd			

Comments: Gas
tanks R Full

This inspection covers (propane/LP-gas) items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components and cannot be construed to cover future or unforeseen happenings.

CHECK HERE IF CUSTOMER HAS AN UNVENTED HEATER AND WE HAVE REVIEWED WITH CUSTOMER THE MANUFACTURER'S INSTRUCTIONS REGARDING SAFE OPERATION.

I, _____ (Please Print)
• Know how to turn off gas in case of emergency.
• Have smelled propane and can detect its odor.
• Have received the Consumer Safety information and material.
• Had gas system deficiencies and/or corrections, if any, clearly explained to me.
• Had the use and care of my appliances and equipment explained to me.
• Am satisfied with the service work performed.

Reference Invoice No. 68036 Date 1-25-07
I, Peter (Please Print)
Certify that I have completed the System Check as prescribed
Performed Odor Test Yes
Placed Safety Decal Yes
Performed Leak/Pressure Test Yes
Left Consumer Safety Info and Material Yes
Peter (Service Technician's Signature)