

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-0758	Issue Date:	CBL: 436 A006001
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Location of Construction: 16 Yale St	Owner Name: Mj Development Company Llc	Owner Address: 31 Old Campus Dr	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: residential	Proposed Use: residential - install Lennox Direct Vent gas appliance	Permit Fee: \$40.00	Cost of Work: \$1,450.00	CEO District: 4
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: HVAC IRC 2003 ME GAS REGULATORS
Signature:	Signature: Jm 7/23/09

Proposed Project Description:
Install Lennox Direct Vent appliance

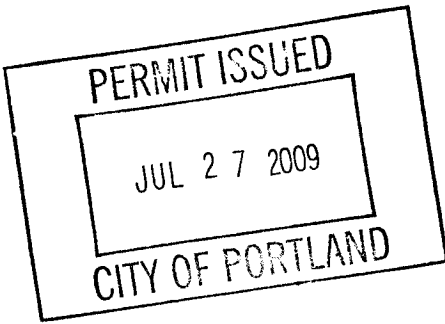
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: Date:

Permit Taken By: tmm	Date Applied For: 07/21/2009
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Zoning Approval

- 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	Zoning Appeal	Historic Preservation
<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: Jm 7/23/09	<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:	<input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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: Jm 7/23/09



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



FILL IN AND SIGN WITH INK

436-A00CP

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



09-0758

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:

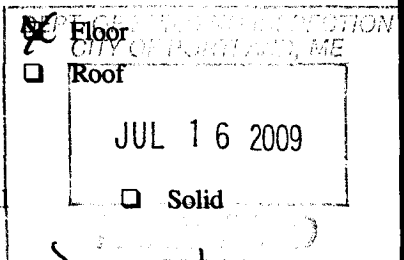
Location / CBL 16 YALE ST. Use of Building Home Date 7/16/09

Name and address of owner of appliance M.J. DEVELOPEMENT

Installer's name and address QUALITY INSULATION CO - MAIL PLEASE
65 DOWNEAST DRIVE, YARMOUTH, ME Telephone 207-846-7745

Location of appliance:

- Basement
- Attic



Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: LENNOX DIRECT VENT

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 # PNT4272
- 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: \$ 1450.00

Permit Fee: \$ _____

Approved

Approved with Conditions

- See attached letter or requirement

Fire: _____

Ele.: _____

Bldg.: _____

Inspector's Signature

Date Approved

Signature of Installer

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Thomas M. Mahley

Signature of Inspections Official

Date

7/23/09

Date

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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: residential - install Lennox Direct Vent gas appliance	Proposed Project Description: Install Lennox Direct Vent appliance
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 07/23/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.			
2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.			

Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 07/23/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Maintain proper setback(s) from property lines/buildings and proper clearances from verticle openings when direct venting.			
2) The appliance and venting shall be installed in accordance with the UL listing, IMC 2003 and NFPA 211.			
3) The installation must comply with the State of Maine Gas Regulations.			
4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

LENNOX®

HEARTH PRODUCTS

INSTALLATION INSTRUCTIONS

DIRECT VENT MPD-33/35/40/45 SERIES

VENTED GAS FIREPLACE HEATERS - DIRECT VENT MODELS
P/N 850,014M REV. L 10/2004

RETAIN THESE INSTRUCTIONS
FOR FUTURE REFERENCE

MODELS

Millivolt Models

MPDT-3328CNM MPD-4035CNM
MPDT-3328CPM MPD-4035CNM-B
MPDR-3328CNM MPD-4035CPM
MPDR-3328CPM MPD-4540CNM
MPD-3530CNM MPD-4540CNM-B
MPD-3530CNM-B MPD-4540CPM
MPD-3530CPM

Electronic Models

MPDT-3328CNE MPD-4035CNE
MPDT-3328CPE MPD-4035CPE
MPDR-3328CNE MPD-4540CNE
MPDR-3328CPE MPD-4540CPE
MPD-3530CNE
MPD-3530CPE

This appliance may be installed in an aftermarket permanently located, manufactured home (USA only) or mobile home, where not prohibited by local codes. This appliance is only for use with the type of gas indicated on the rating plate. This appliance is not convertible for use with other gases, unless a certified kit is used.

WARNING: IF THE INFORMATION IN THIS MANUAL IS NOT FOLLOWED EXACTLY, A FIRE OR EXPLOSION MAY RESULT CAUSING PROPERTY DAMAGE, PERSONAL INJURY OR LOSS OF LIFE.

FOR YOUR SAFETY: Do not store or use gasoline or other flammable vapors or liquids in the vicinity of this or any other appliance.

FOR YOUR SAFETY: What to do if you smell gas:

- DO NOT light any appliance.
- DO NOT touch any electrical switches.
- DO NOT use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow your gas suppliers instructions.
- If your gas supplier cannot be reached, call the fire department.

Installation and service must be performed by a qualified installer, service agency or the gas supplier.

AVERTISSEMENT: ASSUREZ-VOUS DE BIEN SUIVRE LES INSTRUCTIONS DONNÉES DANS CETTE NOTICE POUR RÉDUIRE AU MINIMUM LE RISQUE D'INCENDIE OU POUR ÉVITER TOUT DOMMAGE MATÉRIEL, TOUTE BLESSURE OU LA MORT.

POUR VOTRE SÉCURITÉ: Ne pas entreposer ni utiliser d'essence ni d'autre vapeurs ou liquides inflammables dans le voisinage de cet appareil ou de tout autre appareil.

POUR VOTRE SÉCURITÉ: Que faire si vous sentez une odeur de gaz:

- Ne pas tenter d'allumer d'appareil.
- Ne touchez à aucun interrupteur. Ne pas vous servir des téléphones se trouvant dans le bâtiment où vous vous trouvez.
- Evacuez la pièce, le bâtiment ou la zone.
- Appelez immédiatement votre fournisseur de gaz depuis un voisin. Suivez les instructions du fournisseur.
- Si vous ne pouvez rejoindre le fournisseur de gaz, appelez le service des incendies.

L'installation et service doit être exécuté par un qualifié installateur, agence de service ou le fournisseur de gaz.



OTL-Test Laboratories, Inc.

OTL Report No. 115-F-13-4

NOTE: DIAGRAMS & ILLUSTRATIONS NOT TO SCALE

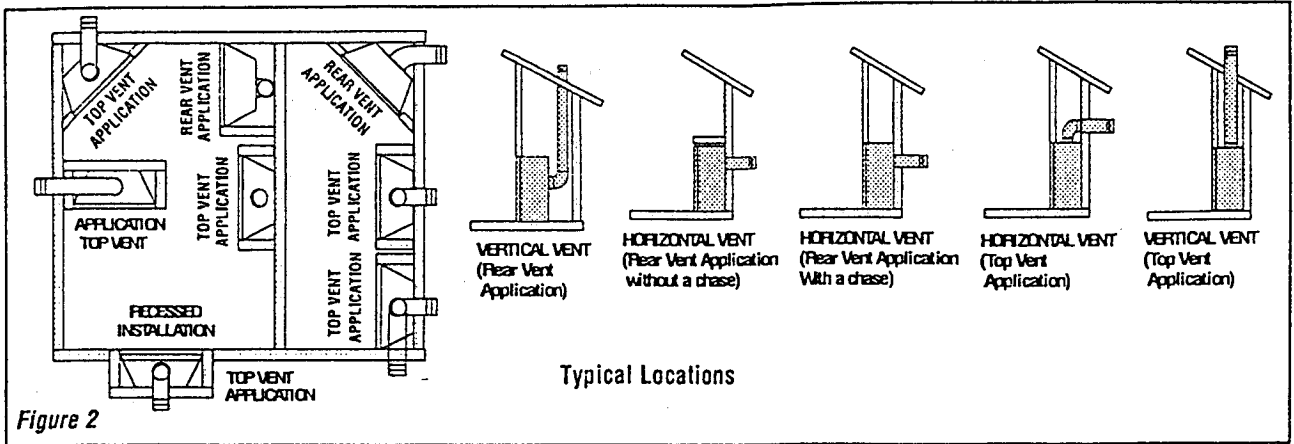


Figure 2

LOCATION

In selecting the location, the aesthetic and functional use of the appliance are primary concerns. However, vent system routing to the exterior and access to the fuel supply are also important. Consideration should be given to traffic ways, furniture, draperies, etc., due to elevated surface temperatures (Figure 2). The location should also be free of electrical, plumbing or other heating/air conditioning ducting.

These direct vent appliances are uniquely suited for installations requiring a utility shelf positioned directly above the fireplace. Utility shelves like these are commonly used for locating television sets and decorative plants.

To provide for the lowest possible shelf surface use the alternate rear vent outlet with attached venting routed in a way to minimize obstructions to the use of the space above the appliance. Do not insulate the space between the appliance and the area above it. See Figure 3. The minimum height from the base of the appliance to the underside of combustible materials used to construct a utility shelf in this fashion is shown in the table in Figure 3.

The appliance should be mounted on a fully supported base extending the full width and depth of the unit. The appliance may be located on or near conventional construction materials. However, if installed on combustible materials, such as carpeting, vinyl tile, etc., a metal or wood barrier covering the entire bottom surface must be used.

APPLIANCE AND VENT CLEARANCES

The appliance is approved with zero clearance to combustible materials on all sides (as detailed in Table 2) with the following exceptions: When the unit is installed with one side flush with a wall, the wall on the other side of the unit must not extend beyond the front edge of the unit. In addition, when the unit is recessed, the side walls surrounding the unit must not extend beyond the front edge of the unit. See Figure 2.

Model No.	Shelf Height inches (mm)			
	Top Vent - with One 90 Degree Elbow		Rear Vent - Straight Out the Back	
	Secure Vent	Secure Flex	Secure Vent	Secure Flex
MPDT-3328	44 1/8 (1121)	45 7/8 (1165)	N/A	N/A
MPDR-3328	N/A	N/A	33 1/4 (845)	33 1/4 (845)
MPD-3530	46 1/8 (1172)	47 7/8 (1216)	35 1/4 (895)	35 1/4 (895)
MPD-4035	51 1/8 (1298)	52 7/8 (1343)	40 1/4 (1022)	40 1/4 (1022)
MPD-4540				

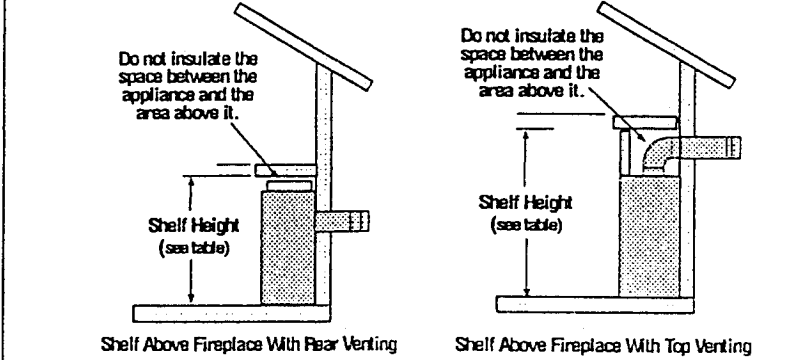


Figure 3

BACK	1/2 in. (13 mm) 0 in. (0 mm) spacers
SIDES	1/2 in. (13 mm)** 0 in. (0 mm) spacers
TOP SPACERS	0 in. (0 mm)
FLOOR	0 in. (0 mm)
From Bottom of Unit to Ceiling	64 in. (1625 mm)
VENT	1 in. (25.4 mm)*
SERVICE CLEARANCES	
FRONT	3 Feet. (0.9 meters)

Table 2

*Note: 3 in. (75 mm) above any horizontal/ inclined vent component.

**Note: See page 5, step 1 for clearance requirements to the railing flange located on each side of the unit and any screw heads adjacent to it.

NOTE: DIAGRAMS & ILLUSTRATIONS NOT TO SCALE.

If the terminus of the last section is not within this distance, use the telescopic vent section SV4.5LA, as the last vent section. For wall thicknesses greater than that shown in *Figure 33*, refer to *table 4 on page 17*. This table lists the additional venting components needed (in addition to the termination and adapter) for a particular range of wall thicknesses.

K. Attach termination adapter - Attach the adapter (adapter - SV4.5RCH - provided with the termination) to the vent section or telescoping vent section), elbow or appliance collar as shown in *Figure 33* in the same manner as any SV4.5 vent component (refer to Step E).

L. Install Firestop/Spacer at exterior wall - When using the square termination, install SV4.5HF (Secure Vent), SF4.5HF (Secure Flex) Firestop/Spacer over the opening at the exterior side of the framing, long side up, with the 3 inch spacer clearance at the top as shown in *Figure 33*, and nail into place.

(The Firestop/Spacer may also be installed over the opening at the interior side of the framing.) When using the round termination, a separate firestop/spacer is not required since this termination has integral spacers which provide the same function as a separate firestop/spacer.

M. Install the desired termination - See the horizontal venting figures for application restrictions on the round termination (SV4.5HTR) and the small square horizontal termination (SV4.5HTSS).

1. Install the square termination (SV4.5HTS) or (SV4.5HTSS) - For the last step, from outside the exterior wall, slide the collars of the termination onto the adapter (the outer over the outer and the inner inside the inner) until the termination seats against the exterior wall surface to which it will be attached. Orient the housing of the termination with the arrow pointed upwards. Secure the termination to the exterior wall. The horizontal termination must not be recessed into the exterior wall or siding by more than the 1/4" (32 mm) as shown in *Figure 32*.

2. Install the round termination (SV4.5HTR) - See *Figure 35* for an illustration of the round termination. For the last step, from outside the exterior wall, slide the collars of the termination onto the adapter (the outer over the outer and the inner inside the inner) until the termination seats against the exterior wall surface to which it will be attached. Orient the housing of the termination with the arrow pointed upwards. Secure the termination to the exterior wall.

The SV4.5HTR Round Termination may not be used when the appliance is vented directly out the wall from the rear. Do Not recess the SV4.5HTR round termination at all.

SFHRK Snorkel Cap - The snorkel cap is designed to be fitted into a basement window box. The SFHRK cap is for use with flex vent pipe.

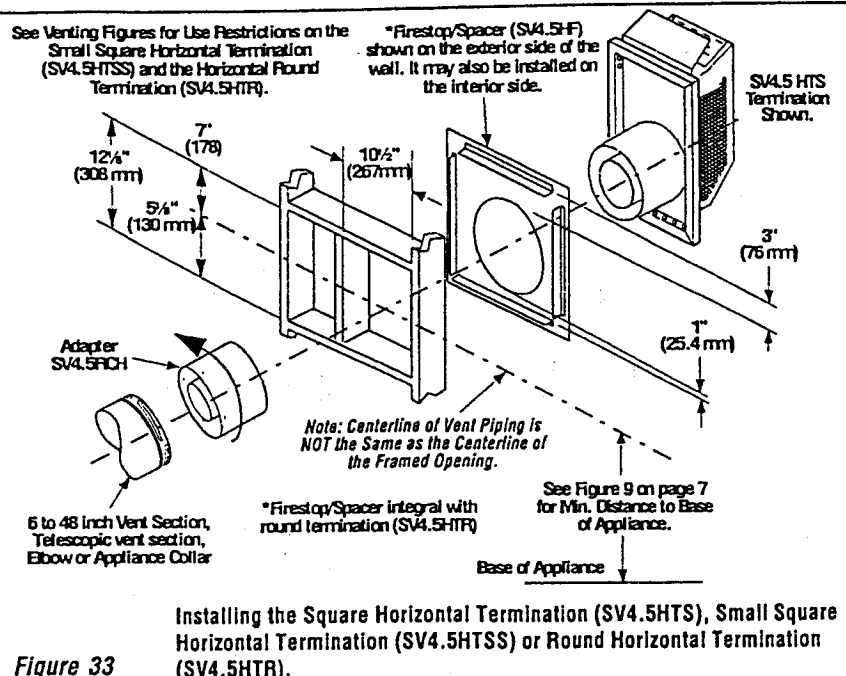


Figure 33

*Note - The SV4.5HTR Horizontal Round Termination may NOT be recessed at all.

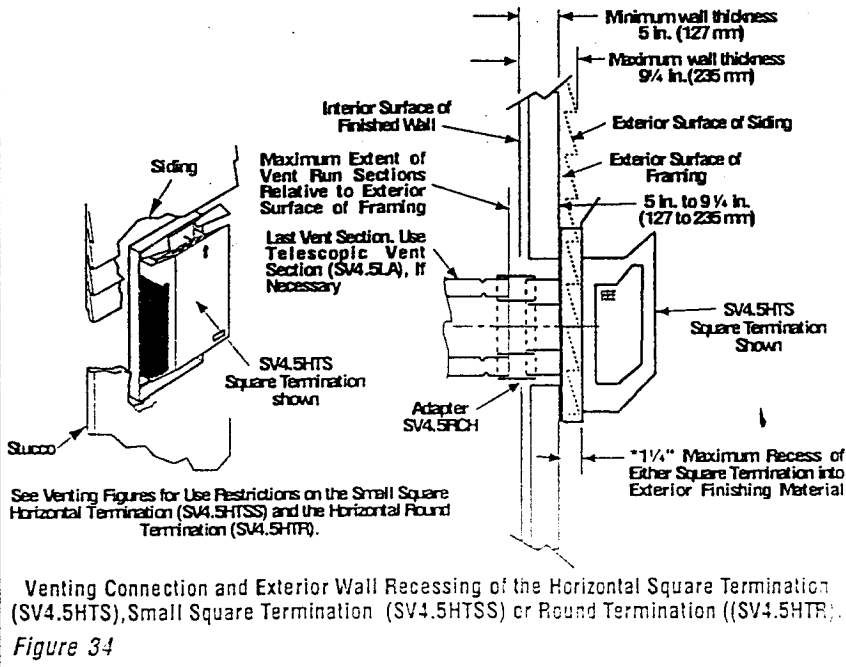


Figure 34

The vertical distance between the in and outlet of the cap is 23 in. (711 mm).

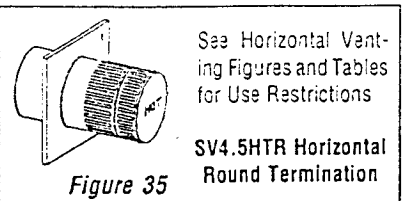


Figure 35

Models	Distance Range of Last Vent Section to Termination Mounting Surface *	
	X inches (mm)	Y inches (mm)
MPDT-3328	6	10 1/4
MPDR-3328	(152)	(260)
MPD-3530	5	9 1/4
MPD-4035	(127)	(235)
MPD-4540		

Table 3

*See Figure 34.

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.

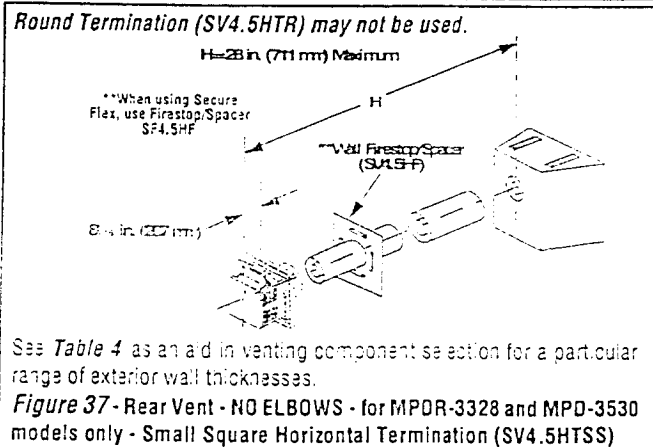
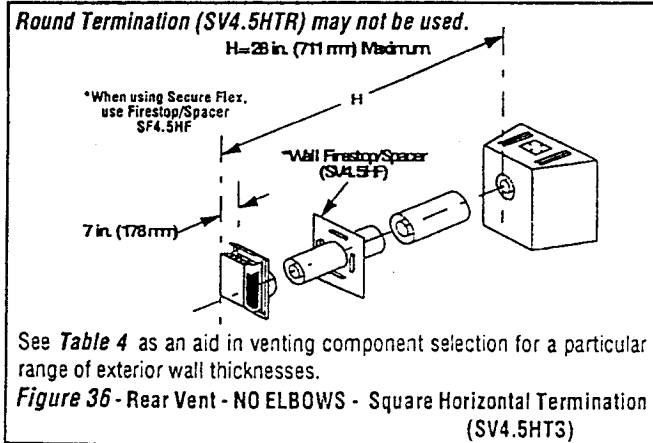
WARNING: UNDER NO CIRCUMSTANCES MAY SEPARATE SECTIONS OF CONCENTRIC FLEXIBLE VENT PIPE BE JOINED TOGETHER.

Note: It is very important that the horizontal/inclined run be maintained in a straight (no dips) and recommended to be in a slightly elevated plane, in a direction away from the fireplace at 1/4" rise per foot (20 mm per meter) which is ideal, though rise per foot run ratios that are smaller are acceptable all the way down to at or near level.

TABLE 4
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)	
	MPD-3530 MPD-4035 MPD-4540	MPDT-3328 MPDR-3328
Termination Kit Only	5 to 9 1/4 (127 to 235)	6 to 10 1/4 (152 to 260)
Termination Kit and 6 in. vent section (SV4.5L6)	9 1/4 to 13 3/4 (235 to 349)	10 1/4 to 14 3/4 (260 to 375)
Termination Kit and 12 in. vent section (SV4.5L12)	15 3/4 to 19 3/4 (400 to 502)	16 3/4 to *20 3/4 (425 to *527)
Termination Kit and Telescopic section (SV4.5LA) and 6 in. vent section (SV4.5L6)	10 3/4 to 20 3/4 (273 to 527)	11 3/4 to *21 3/4 (298 to *552)

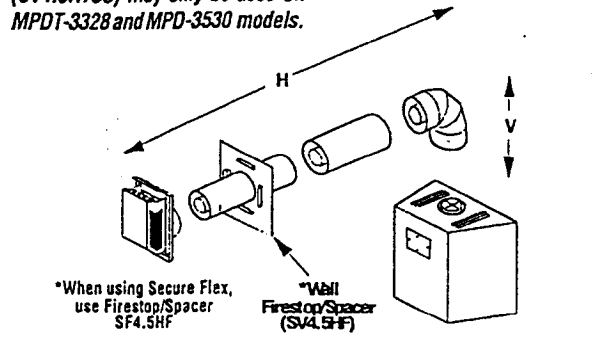
*Note: See Figure 34 for wall thickness range reductions when using SV4.5HTS and Figure 35 when using SV4.5HTSS terminations.



Square termination (SV4.5HTS) shown; Round Termination (SV4.5HTR) may also be used. Small Square termination (SV4.5HTSS) may only be used on MPDT-3328 and MPD-3530 models.

TABLE F

V = One 90 degree elbow
H = 3 feet (0.914 m) Max.



See Table 4 as an aid in venting component selection for a particular range of exterior wall thicknesses.

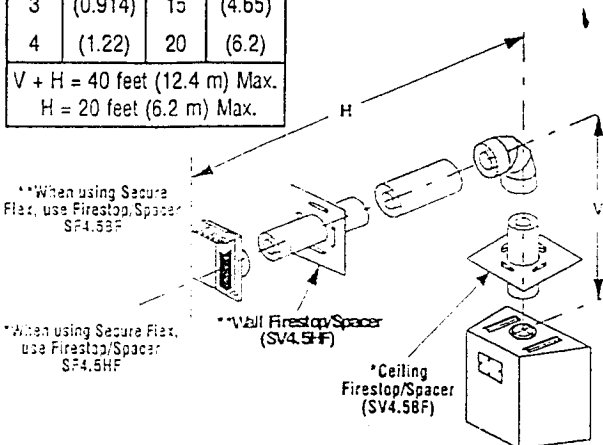
Figure 38 - Top Vent - ONE 90 DEGREE ELBOW - ELBOW CONNECTION AT APPLIANCE

TABLE G

V Minimum		H Maximum	
feet	(m)	feet	(m)
1	(0.305)	5	(1.52)
2	(0.61)	10	(3.1)
3	(0.914)	15	(4.65)
4	(1.22)	20	(6.2)

V + H = 40 feet (12.4 m) Max.
H = 20 feet (6.2 m) Max.

Square termination (SV4.5HTS) shown; Round Termination (SV4.5HTR) may also be used. Small Square termination (SV4.5HTSS) may only be used on MPDT-3328 and MPD-3530 models.



See Table 4 as an aid in venting component selection for a particular range of exterior wall thicknesses.

Figure 39 - Top Vent - ONE 90 DEGREE ELBOW - ELBOW CONNECTION NOT DIRECTLY AT APPLIANCE



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

July 16 2007

Received from: Terry Andrews - Maine Contractor Service

Location of Work: 16 Yelin

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (1L) _____ Plumbing (1S) _____ Electrical (1Z) _____ Site Plan (1J) _____

Other: HVAC

CBL: 436-A-006

Check #: VISA Total Collected \$ 40⁰⁰

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: LMD

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy