

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

PERMIT ISSUED

Permit No: 02-0035	ISSUE DATE: JAN 17 2002	CBL: 398 A035001
Owner Address: Po Box 7543, PORTLAND	Phone: 2077996211	
Contractor Address: 31 Peary Terrace South Portland	Zone:	
Permit Type: HVAC		

Location of Construction: 694 Allen Ave	Owner Name: Paul Vose Inc &
Business Name: n/a	Contractor Name: Sheldons Plumbing & Heating
Lessee/Buyer's Name: n/a	Phone: n/a

Past Use: Single Family	Proposed Use: Single Family / Install New Yorker 275 gallon oil tank.	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Install Heating System		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB Heating	
Signature:		Signature: <i>Alvins</i>		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:		

Permit Taken By: gg	Date Applied For: 01/11/2002
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	Zoning Approval	
Special Zone or Reviews <input type="checkbox"/> Shoreland <input checked="" 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: 1/16/02	Zoning Appeal <input type="checkbox"/> Variance <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: 1/16/02	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 1/16/02

CERTIFICATION

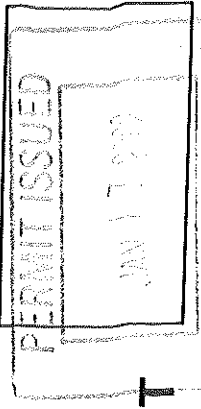
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



CITY OF PORTLAND
398 A 035

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 694 ALLEN AVE

Use of Building SIF

Date 01/08/02

Name and address of owner of appliance LARRY LYDON

Installer's name and address SHELDON GOLDMAN 31 PEARLY TERRACE SO. PORTLAND ME 04106

Telephone 799-6211

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: NEW YORKER

U.L. Approved Yes No

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

IF NO Explain: _____

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 275

The Type of License of Installer:

- Master Plumber # M52362
- Solid Fuel # _____
- Oil # M53000 J 800
- Gas # _____
- Other _____

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet

30.00

398 A 035

Approved

Fire: _____

Ele.: _____

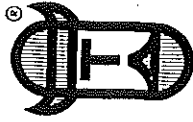
Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Customer needs Power Ventor
book back to do the job

Signature of Installer Sheldon Goldman



TJERNLUND PRODUCTS, INC.

1601 Ninth Street • White Bear Lake, MN 55110-6794
PHONE (651) 426-2993 • (800) 255-4208 • FAX (651) 426-9547
Visit our web site • www.tjernlund.com

REV. B 11/99



MODEL SS2 INSTALLATION INSTRUCTIONS

▲ Recognize this symbol as an indication of important safety information!

OWNER INSTRUCTIONS, DO NOT DESTROY

▲ CAUTION: The owner of the SS2 must keep the area around the vent terminal free of snow, ice and debris.

NOTE: MAXIMUM FLUE GAS TEMPERATURES MUST NOT EXCEED 650°F (343° C) MINIMUM TEMPERATURE MUST BE 250°F (121° C) AT VENT SYSTEM INLET.

▲ WARNING

THESE INSTRUCTIONS ARE INTENDED AS AN AID TO QUALIFIED, LICENSED SERVICE PERSONNEL FOR PROPER INSTALLATION, ADJUSTMENT AND OPERATION OF THIS UNIT. READ THESE INSTRUCTIONS THOROUGHLY BEFORE ATTEMPTING INSTALLATION OR OPERATION. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN IMPROPER INSTALLATION, ADJUSTMENT, SERVICE OR MAINTENANCE POSSIBLY RESULTING IN FIRE, ELECTRICAL SHOCK, CARBON MONOXIDE POISONING, EXPLOSION, PERSONAL INJURY OR PROPERTY DAMAGE.

NOTE: Burner capacities exceeding 1 GPH may require the burner to be adjusted to more efficient (12.5-13% CO₂) than typical levels to maintain recommended over-fire draft settings. See "Draft Adjustment Procedure" on page 12 of this manual or consult factory at 1-800-255-4208 with questions prior to installation.

DO NOT DESTROY. PLEASE READ CAREFULLY AND KEEP IN A SAFE PLACE FOR FUTURE REFERENCE.

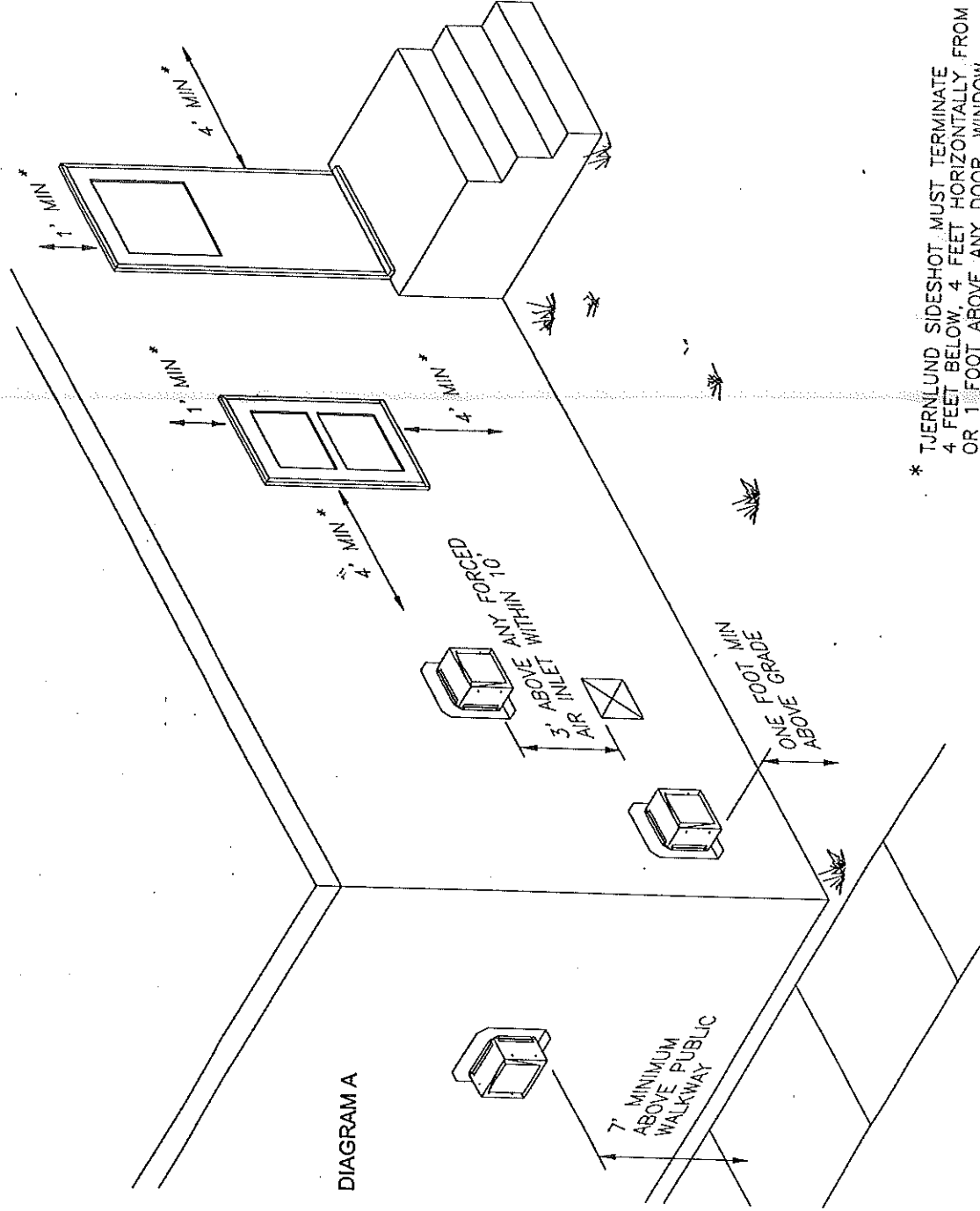
VENT HOOD TERMINATION CLEARANCES FOR U.S. INSTALLATIONS

The SS2 has been ETL Listed according to the requirements of the National Fire Protection Association #31, and #211 as follows below, (See Diagram A).

- The exit terminals of mechanical draft systems shall not be less than 7 feet above grade when located adjacent to public walkways.
- A venting system shall terminate at least 3 feet above any forced air inlet located adjacent to public walkways.
- The venting system shall terminate at least 4 feet below, 4 feet horizontally from or 1 foot above any door, window or gravity air inlet into any building.
- The bottom of the vent terminal shall be located at least 12 inches above grade.
- The exit terminal shall be so arranged that the flue gases are not directed so as to jeopardize people, overhear combustible structures or enter buildings.
- Not to be less than 10 feet from an adjacent building.

The SS2 is also Listed to terminate a minimum of 12" below, above or horizontally from a soffit, deck or adjacent sidewall.
CAUTION: The owner of the SS2 must keep the area around the vent terminal free of snow, ice and debris.

It is not recommended for the SS2 to be terminated on a wall that faces the direction of the prevailing winds. Backdrafts by severe winds can cause oil odors to remain in the structure and/or interrupt equipment operation.



* TJERNLUND SIDESHOT MUST TERMINATE 4 FEET BELOW, 4 FEET HORIZONTALLY FROM OR 1 FOOT ABOVE ANY DOOR, WINDOW OR GRAVITY AIR INLET INTO THE BUILDING.