Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

DEDMI

Permit Number: 050751

Attached	j	r	ZKIVII R	1 51112		
	Grondin Frank /Mainland Str	ires, Inc		c o	CH	
This is to certify that has permission to	4 unit, 4 story Condominium	ires, me	MI	PROVA	4 PERMITHSSI	JED_
AT 56 Wilson St	Turni, Colory Solver			003 N009001		
	he person or persons,	m or	ation		SEP 2 1 20 primit shall comply v	05 vith all
of the provision	ns of the Statutes of I	ine and	d of the		ily of Portland requ	

the construction, maintenance and up of buildings and success, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

n fication inspect in must generally in permit in procuble re this leding or at thereodal and or a consedient.

H. NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

PENALTY FOR REMOVING THIS CARD

389 Congress Street, 44 (101 Te): (207) 874-8703. Fax: (207) 874-8716	City of Portland, Maine	•			0395	Issue Date	FISS	SUED CBL:	009001	
See WILSON ST   WILSON HEIGHTS LLC   IIA BAR LETT RD.F.F.   Phane		, .		<u> </u>						
Date Application Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Proposed Work officion   Install 4 Regency P36D Astro Cap Direct vent   Proposed Work officion   Install 4 Regency P36D Astro Cap Direct vent   Install 4 Regency   Install 4 Regenc					T-			Pne:		
The Hearth Doctor    Ponon:							<u> </u>	Phane		
Permit Type	business Name.				I	i	and the second s	1 1 1	307	
Past Ise:  4 Unit Condo  4 Unit Condo  4 Unit Condo  4 Unit Condo install 4 Regency P36D Astro Cap Direct vent  FIRE DEPT:  Approved  Denied  To SPPA 5 Y  Approved  Approved wcConditions  Denied  Signature:  PDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action:  Approved   Approved wcConditions   Denied  Signature:  Date:  Proposed Project Description:  Install 4 Regency P36D Astro Cap Direct vent  PDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action:  Approved   Approved wcConditions   Denied  Signature:  Date:  Date:  Date:  Proposed Project Description:  Install 4 Regency P36D Astro Cap Direct vent  PDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action:  Approved   Approved wcConditions   Denied  Signature:  Date:  Does Not Require Review  Wetland  Approved wcConditions  Wetland    Popul One  Subdivious   Decied    Popul One  Subdivious   Decied   Denied  Date:  Date	Lessee/Ruver's Name						m, Ky en -	-: 1475		
4 Unit Condo  5 9,890.00  1   SPRECTION:	Desised Day of a Name	, none.		1	·	ille infolloción indicatamina de la constitución de la constitución de la constitución de la constitución de l	erenasteras ar	Parametersensensensensensensensensensensensensens		
Proposed Project Description: Install 4 Regency P36D Astro Cap Direct vent    Proposed Project Description:   Install 4 Regency P36D Astro Cap Direct vent   Signature:   Signature:   Signature:   Signature:   Signature:   Signature:   Signature:   Date:   Date:	Past Use:	Proposed Use:		Permit Fee:		Cost of Wor	k:	CEO District:	<u> </u>	
Proposed Project Description: Install 4 Regency P36D Astro Cap Direct vent    Signature:   Date Applied For:   Date Applied For:   Date Applied For:   Date Applied For:   Date   Special Zone or Reviews   Zoning Approval   Historic Discretation   Description   Date   Proposed   Miscellaneous   Docs Not Require Review   Shoreland   Vortance   Docs Not Require Review   Shoreland   Docs Not Require Review   Sundividual   Sundividual   Docs Not Require Review   Sundividual   Date   Description   Date	4 Unit Condo	4 Unit Condo/	install 4 Regency	\$1.	1.00	\$9,89	90.00	1		
Proposed Project Description: install 4 Regency P36D Astro Cap Direct vent   Signature:   Signature:   Signature:   Signature:   Signature:   Signature:   Signature:   Date:   Date		P36D Astro C	ap Direct vent	FIRE DEPT	: [	Approved				
install 4 Regency P36D Astro Cap Direct vent    Signature:   Signature:   Signature:   Signature:   Signature:   Date:   Date:										
install 4 Regency P36D Astro Cap Direct vent    Signature:   Signature:   Signature:   Signature:   Signature:   Date:   Date:				To N	FPA	+ 54	5	hete 62	1.5	
Permit Taken By:   Date Applied For:   Date:	Proposed Project Description:			1		•			1	
Permit Taken By:     Date Applied For:     O3/24/2006     Date:     Date:     Date:	install 4 Regency P36D Astro	Cap Direct vent		Signature:			Signat	ture:		
Permit Taken By:   Date Applied For:   03/24/2006   Zoning Approval    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  CERTIFICATION  1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. 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  CERTIFICATION  1. This permit application are reviews    Shoreland   Variance				PEDESTRIAN ACTIVITIES DISTRI			FRICT	CT (P.A.D.)		
Permit Taken By: Idobson  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.  CERTIFICATION  1. This permit application does not preclude the Application as his 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.				Action:	Appro	oved App	proved v	w/Conditions	Denied	
Idobson				Signature:				Date:		
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False information may invalidate a building permit and stop all work    Sit Plan	3. Building permits are voice	☐ Flood Cone	_   -	Conditi	ional Use		Requires Re	eview		
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SIGNATURE OF APPLICANT ADDRESS DATE PHONE	I have been authorized by the of jurisdiction. In addition, if a pashall have the authority to enter	owner to make this appl permit for work describe	med property, or that t ication as his authorize d in the application is i	he proposed d agent and ssued, I cert	I agree ify that	to conform the code of	to all a ficial's	applicable laws authorized rep	s of this presentative	
	SIGNATURE OF APPLICANT		ADDRES	SS		DATE		PHO	ONE	

PHONE

DATE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



## FILL IN AND SIGN WITH INK

## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

 and a residence of the case of
ISSUED

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:  3 NG  Location / CBL Date 3.24.06							
Name and address of owner of appliance MAINLAND STRUCTURE  WEST BROOK ME							
Installer's name and address THE HEARTH DOCTO	Telephone 201 657 5397						
	Telephone						
Location of appliance:	Type of Chimney:						
☐ Basement ☐ Floor	☐ Masonry Lined						
☐ Attic ☐ Roof	Factory built						
Type of Fuel:	☐ Metal						
Gas 🗆 Oil 🗀 Solid	Factory Built U.L. Listing #						
Appliance Name: REGENCY P360	Direct Vent						
U.L. Approved ✓ Yes □ No	Type ASTRO CAP UT TIME						
Will appliance be installed in accordance with the manufacture's	There of Real Tours						
installation instructions? Yes  No	Type of Fuel Tank  Oil  Oil  OFFICITION						
installation instructions: 4 1cs 4 1vo	LITY CHAST CONTRACT						
IF NO Explain:	Gas						
II Ito Dapiani.	Size of Tank						
TT: TT: AT							
The Type of License of Installer:	Number of Tanks						
Master Plumber #							
Solid Fuel #	Distance from Tank to Center of Flame feet.						
Oil #	Cost of Work: \$ 9,890.00						
Other	Cost of Work: $9,890.03$						
otner	Permit Fee: \$						
Approved	Approved with Conditions						
Fire:	☐ See attached letter or requirement						
Ele.:							
Bldg.:	Inspector's Signature Date Approved						
14/0/	inspector's Signature Date Approved						
Signature of Installer							

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy