

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 050751

Please Read Application And Notes, if Any, Attached

This is to certify that Grondin Frank /Mainland Structures, Inc

has permission to 4 unit, 4 story Condominium

AT 56 Wilson St

003 N009001

SKL

PERMIT ISSUED

050751

SEP 21 2005

CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, 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.

Notification of inspection must be given and when permission procured before this building or part thereof is laid or closed-in. **24 HOUR NOTICE IS REQUIRED.**

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

OTHER REQUIRED APPROVALS

Fire Dept. Capt. Greg Cass 6-21-05

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0395	Issue Date: PERMIT ISSUED APR 14 2006	CBL: 003 N009001
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Location of Construction: 56 WILSON ST	Owner Name: WILSON HEIGHTS LLC	Owner Address: 11A BARTLETT RD	Phone:
Business Name:	Contractor Name: The Hearth Doctor	Contractor Address: 64 Town Farm Road Gray	Phone: 2676573397
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: 4 Unit Condo	Proposed Use: 4 Unit Condo/ install 4 Regency P36D Astro Cap Direct vent	Permit Fee: \$111.00	Cost of Work: \$9,890.00	CEO District: 1
Proposed Project Description: install 4 Regency P36D Astro Cap Direct vent		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 54		INSPECTION: Use Group: Type: HVAC Signature: <i>[Signature]</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: Idobson	Date Applied For: 03/24/2006	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: <i>4/13/06</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: <i>4/13/06</i>
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CERTIFICATION

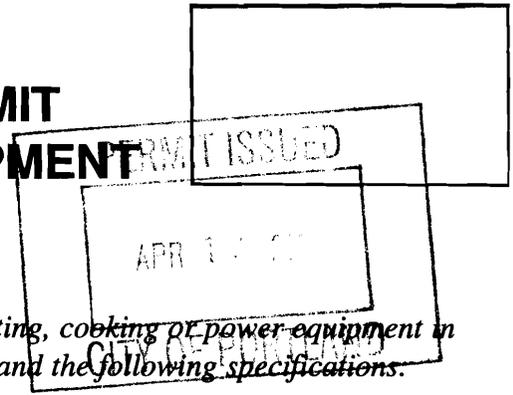
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition,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



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 3109 Stowilson Use of Building 4 units Date 3.24.06
 Name and address of owner of appliance MAINLAND STRUCTURE
WESTBROOK ME
 Installer's name and address THE HEARTH DOCTOR, INC. 64 TOWN FARM RO.
GRAY, ME 04039 Telephone 207 657 5397

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name: REGENCY P360

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 3568
 Other _____

Type of Chimney:

- Masonry Lined
 Factory built _____

- Metal
 Factory Built U.L. Listing # _____

- Direct Vent
 Type ASTRO CAP

Type of Fuel Tank

- Oil
 Gas

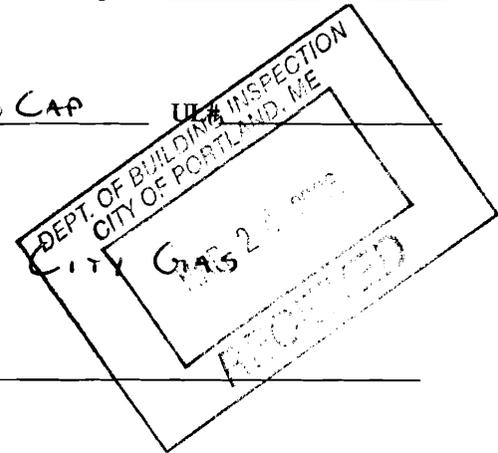
Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 9,890.00

Permit Fee: \$ 111.00



Approved

Fire: _____

Ele.: _____

Bldg.: _____

Signature of Installer [Signature]

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____