

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

Permit No: 01-1268	Issue Date: OCT 26 2001	PERMIT ISSUED	CBL: 009 A017001
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Location of Construction: 226 Anderson St	Owner Name: Shobu Aikido Of Maine Llc	Owner Address: Po Box 586	Phone:
Business Name:	Contractor Name: Portland Airconditioning, Inc.	Contractor Address: 205 Lincoln St. S. Portland	Phone: 2077674567
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Karate School	Proposed Use: Karate school	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Install gas heating system		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>E</i> Type:	
		Signature: <i>[Signature]</i>	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: gad	Date Applied For: 10/16/2001	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:	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 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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

01-1268
PERMIT ISSUED
OCT 26 2001
CITY OF PORTLAND

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 226 ANDERSON ST Use of Building AKIDA DOJO Date 10/11/01
Name and address of owner of appliance Gary Small 226 Anderson Street

Installer's name and address Portland Airconditioning Inc
205 Lincoln St. Scarborough, ME 04106 Telephone 207 767 4567

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name:

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 # 11
- Gas # PNT434
- Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type PVC UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank N/A

Number of Tanks N/A

Distance from Tank to Center of Flame _____ feet.

30.00

Approved

Approved with Conditions

Fire: [Signature]
Ele.: [Signature]
Bldg.: [Signature]

See attached letter or requirement

MUST COMPLY W/ STATE GAS STANDARDS

Signature of Installer _____