	ty of Portland, Main	•				mit No: 09-0206	1ssue Date	ha	OIO HO	004001
389 Congress Street, 04101 Tel: (207) 874-870. Location of Construction: Owner Name:			03, Fax:	(207) 874-8716			09	010 H004001		
	Location of Construction: 50 COVE ST Owner Name: FLETCHER-			· II C	Owner Address: / / LC 50 COVE ST			Phone:		
Business Name: Contractor Nam					Contractor Address:			Phone		
Dusiness Panie:			Gelinas HVAC Services Inc.				Scarborou	ıgh	2078850	771
Less	see/Buyer's Name	Phone:				2 Washington Ave Scarborough Permit Type:			12070000	Zone:
I none.					HVAC					I-Lb
Past	Use:	Proposed Use:			Permit	t Fee:	Cost of Wor	k: CE	O District:	<u> </u>
Commercial - Jewelry making studio & Gallery studio & Gallery Solo 110 Tria			- Jewelry	- Jewelry making lery - Install a Prestige angle tube hanging		1				
			llery - Ins			FIRE DEPT: Approved Use			ON:	11vAC
			iangle tub						e Group: B Type:	
	boiler						24	T	MC-20	007
Pro	posed Project Description:									
_	tall a Prestige Solo 110 T	oiler	ler .		Signature: Sig		Signature:		2/276	
					PEDESTRIAN ACTIVITIES DISTRIC			RICT (P.A.	o I SPECTION: HVAC Type: TMC-2007 mature: 3/23/6/	
									ed w/Conditions Denied	
					Signature:			Da	Date:	
i	nit Taken By: lobson	Date Applied For: 03/17/2009			Zoning Approval					
			Spe	Special Zone or Review		ws Zoning Appeal			Historic Preservation	
	1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		d 📗 st	☐ Shoreland		☐ Variance			Not in District or Landmark	
2.				 □ Wetland □ Flood Zone □ Subdivision □ Site Plan Maj □ Minor □ MM □ 		☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied			☐ Does Not Require Review ☐ Requires Review ☐ Approved ☐ Approved w/Conditions ☐ Denied ☐ XXX	
 Building permits are void if work is not started within six (6) months of the date of issuance. 			∏ FI							
	False information may invalidate a building permit and stop all work									
TERMINATION TO THE			1 ,							
			Date:	Date: 3 18 29 ARI		A Date:		Date:	Date:	
	1		Dute.	7101 1 7/190				<u> </u>		
			1							
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	· Jan									
			_	TOTAL STATE	NAT.					
	1 20 1 1	C 1 C.1		CERTIFICATIO				1 4	c	1 14 4
I ha juri:	reby certify that I am the we been authorized by the sdiction. In addition, if a Il have the authority to ent	owner to make this ap permit for work descri	plication a bed in the	as his authorized application is is	agent sued, I	and I agree to certify that the	conform ne code off	to all appli icial's auth	icable laws norized rep	of this resentative
	n permit.	and an out covered by	Julii peri	at any rouson	aciv il	our to omfore	and provi	or unc	20 20(3) up	
SIGNATURE OF APPLICANT				ADDRESS		S DATE			PHONE	
REG	SPONSIBLE PERSON IN CHA	RGE OF WORK TITLE					DATE			
ILL	of Ottoiner I report its CUV	MOD OF WORK, HILE					DATE		TIL	/1 1L

City of Portland, Maine - Buil	ding or Use Permit	Per	rmit No:	Date Applied For:	CBL:						
389 Congress Street, 04101 Tel: (•	6	09-0206	03/17/2009	010 H004001						
Location of Construction:	Owner Name:			r Address:	_	Phone:					
50 COVE ST	FLETCHER-RITTER LLC			OVE ST							
Business Name:				actor Address:	Phone						
				ashington Ave	(207) 885-0771						
Lessee/Buyer's Name	Phone:		Permit Type:								
			HV	AC							
Proposed Use:		Propos	sed Proj	ject Description:							
Commercial - Jewelry making studio	•					stall a Prestige Solo 110 Triangle tube hanging boiler					
Solo 110 Triangle tube hanging boiler											
Dept: Zoning Status: Approved Reviewer: Ann Machado Approval Date:											
Note: Ok to Issue: ✓											
						and Address and A. C.					
Dept: Building Status: A	pproved with Condition	is Reviewe r	r: Chi	ris Hanson	Approval Da	ite: 03/23/2009					
Note: Ok to Issue:											
1) This appliance/stove shall be installed, operated and maintained per the manufacturers specifications and the UL listing											
2) Maintain proper setback(s) from property lines/buildings and proper clearances from verticle openings when direct venting.											
3) The installation must comply with the State of Maine Gas Regulations.											
4) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.											

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.

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. 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 Date Signature of Inspections Official Date

CBL: 010 H004001 **Building Permit #:** 09-0206



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

1	í		

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of the	all the following heating, cooking or power equipment in he City of Portland, and the following specifications:					
Name and address of owner of appliance S. R. Her Owner Seff Ritter Installer's name and address FELINAS HVAC Eevice						
Name and address of owner of appliance	Supply 50 Covic St. Partland ME.					
OWNER SEFF Ritter						
Installer's name and address <u>FELINAS HVAC CENICE</u>	SINC, 2 WASHING TON AVE.					
Scarborough me 040'74	Telephone <u>895-0771</u>					
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 Triavale tube Prosting Solo	M. Direct Vent					
U.L. Approved Yes No 110	Type of Fuel Tank					
Will appliance be installed in accordance with the manufacture's						
installation instructions? Yes	☐ Oil					
	Gas NAtura 1					
IF NO Explain:	Size of Tank NA					
The Type of License of Installer:	Number of Tanks Number of Tanks					
☐ Master Plumber #	,					
□ Solid Fuel #	Distance from Tank to Center of Flame feet.					
Oil #						
Gas # PNT1085	Cost of Work: \$ 5,000.					
Other	Permit Fee: \$					
Approved	Approved with Conditions					
Fire:	See attached letter or requirement					
Ele.:	$M \cap M$					
Bldg.:	Chap 1/K 3/22/09					
	Inspector's Signature Date/Approved					
Signature of Installer Bus a. M. Kel						

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy