

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1016	Issue Date:	CBL: 012 B017001
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Location of Construction: 28 Hammond St	Owner Name: Voland Martha L	Owner Address: 28 Hammond St	Phone:
Business Name:	Contractor Name: Gelinac HVAC Services Inc.	Contractor Address: 2 Washington Ave Scarborough	Phone: 2078850771
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R-6

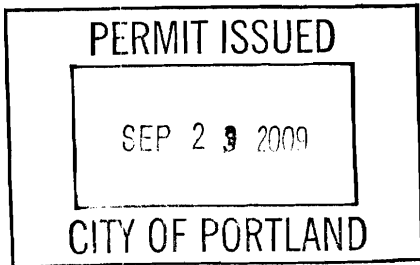
Past Use: Single Family	Proposed Use: Single Family / Install natural gas wall hung gas boiler in the basement.	Permit Fee: \$140.00	Cost of Work: \$12,000.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: 58 IRC 2003	

Proposed Project Description: Install natural gas wall hung gas boiler in the basement.	Signature:	Signature: <i>Jm</i> 9/23/09
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: gg	Date Applied For: 09/16/2009	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Min <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>9/16/09</i>	Date:	Date: <i>9/23/09</i>



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.

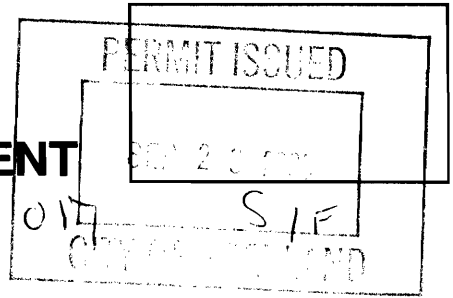
SIGNATURE OF APPLICANT ADDRESS DATE PHONE

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 28 HAMMOND ST. Use of Building RESIDENCE Date 9/16/09
 Name and address of owner of appliance MARTHA VOLAND
28 HAMMOND ST. PORTLAND, ME.
 Installer's name and address GELINAS HVAC SERVICES INC. MAINT
2 WASHINGTON AVE. SCARBOROUGH, ME. Telephone (207) 885-0771

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: TRIANGLE TUBE - PRESTIGE

U.L. Approved Yes No

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

IF NO Explain: _____
SEP 16 2009

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # PNT5251
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
- Metal
Factory Built U.L. Listing # _____
- Direct Vent
Type 3" PVC UL# _____

Type of Fuel Tank

- Oil *Water tank*
- Gas *base*

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 12000.

Permit Fee: \$ 140.00

Approved

Approved with Conditions

Fire: _____

Ele.: _____

Bldg.: _____

See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer _____

White - Inspector Yellow - File Pink - Applicant's Gold - Assessor's Copy

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.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **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

Thomas A. Maleley

Signature of Inspections Official

Date

9/23/09

Date

Mailed

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Business Name:	Contractor Name: Gelinac HVAC Services Inc.	Contractor Address: 2 Washington Ave Scarborough	Phone: (207) 885-0771
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Single Family / Install natural gas wall hung gas boiler in the basement.	Proposed Project Description: Install natural gas wall hung gas boiler in the basement.
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/16/2009	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 09/23/2009	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Maintain proper setback(s) from property lines/buildings and proper clearances from verticle openings when direct venting.				
2) The appliance and venting shall be installed in accordance with the UL listing, IMC 2003 and NFPA 211.				
3) The installation must comply with the State of Maine Gas Regulations.				
4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				