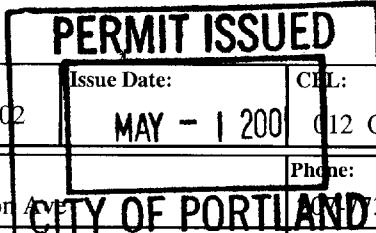


**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-0402 Issue Date: MAY - 1 2001  
 CHL: C12 C009001



<b>Location of Construction:</b> 94 Washington Ave	<b>Owner Name:</b> Root Cellar The	<b>Owner Address:</b> 94 Washington Ave	<b>Phone:</b> 207-874-8578
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Portland Airconditioning, Inc.	<b>Contractor Address:</b> 205 Lincoln St. S. Portland	<b>Phone:</b> 2077674567
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Past Use:</b> Commercial	<b>Proposed Use:</b> HVAC	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$30.00	<b>CEO District:</b> 1
		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <i>PERMIT ISSUED WITH REQUIREMENTS 1993</i>	

**Proposed Project Description:**  
Install Natural Gas Tank Per Plans

Signature: *[Signature]* Signature: *[Signature]*

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Taken By:** cih **Date Applied For:** 04/24/2001

**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..	<b>Special Zone or Reviews</b> <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: _____	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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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**PERMIT ISSUED WITH REQUIREMENTS**

**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.

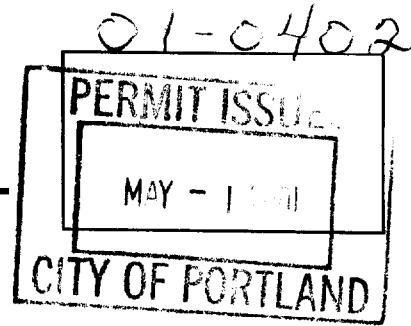
\_\_\_\_\_  
 SIGNATURE OF APPLICANT ADDRESS DATE PHONE

\_\_\_\_\_  
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



012-0-009

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 94 Washington Ave Use of Building Commercial Date 04/24/01  
Name and address of owner of appliance Root Cellar

Installer's name and address Portland Air-conditioning, Inc  
205 Lincoln Street, S-Portland, ME 04106 Telephone 207 767 4562

**Location of appliance:**

Basement       Floor  
 Attic             Roof ✓

**Type of Fuel:**

Gas ✓       Oil       Solid

**Appliance Name:** Bryant ✓

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 # PNT434 ✓  
 Other \_\_\_\_\_

**Type of Chimney:** N/A ✓

Masonry Lined  
Factory built \_\_\_\_\_

Metal  
Factory Built U.L. Listing # \_\_\_\_\_

Direct Vent  
Type \_\_\_\_\_ UI.# \_\_\_\_\_

**Type of Fuel Tank**

Oil  
 Gas Natural ✓

Size of Tank \_\_\_\_\_

Number of Tanks 0 ✓

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

**Approved**

Fire: \_\_\_\_\_ 447  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_ [Signature]

**Signature of Installer** \_\_\_\_\_

**Approved with Conditions**

See attached letter or requirement

PERMIT ISSUED WITH REQUIREMENTS

\$30 4-24-01 received