· ·	aine - Building or Use		000000	Issue Date:	CBL:
	4101 Tel: (207) 874-8703	3, Fax: (207) 874-8716	03-0820	<u> </u>	013 J005001
Location of Construction:	Owner Name:		Owner Address:	:	Phone:
134 Sheridan St	Dimauro Jon 1		134 Sheridan St	4300001	MINING AND
Business Name:	Contractor Name		Contractor Address:	Uni vienu	To be because the second
	Harford, John		454 Ocean St Sou	th Portland	2077997580
Lessee/Buyer's Name	Phone:		Permit Type: HVAC	A STATE OF THE STA	2015) Zone
Past Use: Hulti-unit dwelling	Proposed Use:	elling w/1 gas heater	Permit Fee:	Cost of Work:	FORT AND
Proposed Project Description Install direct-vent gas her		velling unite	FIRE DEPT:	Denied USS	PECTION: GT8UP: Z-3 Type: ffau BXA Michanica 1993 ature:
		Į.	PEDESTRIAN ACTI	VITIES DISTRICT	Γ (P.A.D.)
			Action: Approve	ed Approved	w/Conditions Denied
		-	Signature:		Date:
Permit Taken By: kwd	Date Applied For: 07/09/2003		Zoning Approval		
1. This permit applicati	ion does not preclude the	Special Zone or Review	vs Zonin	g Appeal	Historic Preservation
	eeting applicable State and	Shoreland No wachse	permuted		Not in District or Landmar
 Building permits do not include plumbing, septic or electrical work. 		Wetland Wetland	dwell	neous	Does Not Require Review
3. Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zone	Condition	nal Use	Requires Review
False information mapermit and stop all w	ay invalidate a building vork	Subdivision		ıtion	Approved
		Site Plan	Approved	1	Approved w/Conditions
		Maj Minor MM	Denied		Denied
		Date: 8	Date:		Date:
		7/23/	03		
		CERTIFICATIO	N		
I hereby certify that I am t	he owner of record of the na			authorized by th	ne owner of record and that

CALLY OF PURILLAND

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

City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: ((207) 874-8716	03-0820	07/09/2003	013 J005001	
Location of Construction: Owner Name: O		Owner Address:	1	Phone:		
134 Sheridan St	Dimauro Jon F		134 Sheridan St		Ì	
Business Name:	Contractor Name:	(Contractor Address:		Phone	
	Harford, John		454 Ocean St South Portland		(207) 799-7580	
Lessee/Buyer's Name	Phone:		Permit Type:			
			HVAC			
Proposed Use:	Proposed Use: Proposed Project Description:					
two-unit dwelling w/1 gas heater on f	loor	Install	l direct-vent gas heater on floor			
Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 07/23/2003						
Note: 07/17/2003 given to Karen to check on the number of D.U. Ok to Issue:						
1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.						
2) This property shall remain a two (2) family dwelling. Any change of use shall require a separate permit application for review and approval.						
Dept: Building Status: A	pproved	Reviewer:	Tammy Munson	Approval D	ate: 07/24/2003	
Note:					Ok to Issue: 🗹	

City of Portland, Maine - Building or Use Permit						Date Applied For:	CBL
389 Congress Street,	04101 Tel: (2	207) 874-8703, Fax: ((207) 874-	8716	03-0820	07/09/2003	013 5005001
Location of Construction:		Owner Name:		O	wner Address:		Pbone:
134 Sheridan St		Dimauro Jon F		1	34 Sheridan St		
Business Name:		ContractorName:		Co	Contractor Address:		Phone
		Harford, John		4	54 Ocean St Sout	h Portland	(207) 799-7580
Lessee/Buyer's Name		Phone:		Pe	Permit Type:		
				I	HVAC		
Proposed Use:			P	roposed	Project Description:		
two-unit dwelling w/1 gas heater on floor Ins			nstall d	ll direct-vent gas heater on floor			
Dept: Building	Status: Pe	anding	Povid	ewer:		Approval I	
_	Status: Fe	Jung	Kevi	CVVCI.		Approvari	Ok to Issue:
Note:							OK to issue:



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. 013 J005

Completiel.

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03-0820

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accordance with the Laws of Maine, the Building Code of	f the City of Portland, and the following specifications:
Location/CBL 134 Sheridan ST	Use of Building Apts Date 7/8/33
Name and address of owner of appliance	#n ST
John Di	
Installer's name and address SHX/ HANTON O	454 OCEMST SC. PORTCHAD N Telephone 799-7580
Location of appliance:	Type of Chimney:
☐ Basement	Masonry Lined
O Attic	Factory built
Type of Fuel:	☐ Metal
Gas 🔾 Oil 🗘 Solid	Factory Built U.L. Listing #
Appliance Name: Rinning U.L. Approved Yes No	Direct Vent Rinnai MAT. 9AS Type Rinning UL#
Will appliance be installed in accordance with the manufacture's installation instructions? ✓ Yes ✓ No	Type of Fuel Tank ☐ Oil



CK 6363

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUEU JUL 2 IS ZUID

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07/07/13

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	ら Jous (1).(1120)
The undersigned hereby applies for a permit to insta	all the following heating, cooking or power eq	quipment in
Location / CBL 134 Shew An ST		
Name and address of owner of appliance 1345 here 14	_ Use of Building /10-5 Date	-//9/ c S
Traine and address of owner of appriance	m AUR 0 /	
Installer's name and address - Town All Handam D	Telephone 299 75	BOND N
Location of appliance:	Type of Chimney:	
□ Basement ☑ Floor	☐ Masonry Lined	
☐ Attic ☐ Roof	Factory built	
AK. A rive		
Type of Fuel,:	O Metal	
🖸 😂 🗅 Oil Solid	Factory Built U.L. Listing #	
Appliance Name: Rtrain Die 1971 U.L. Approved Ves No	550 500 Part . 1157 -	
Appliance Name:	Direct Vent Rinner MAIL 9	AS
U.L. Approved Ves No	Type / Kinn UL#	
		1 et .
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No	Type of Fuel Tank	~*
	Oil	Same disk
IF NO Explain:	☐ Gas	
II IVO DAPIMIII.	Size of Tank	
	Size of Talix	
The Type of License of Installer:	Numbkr of Tanks	
Master Plumber # C2054	1/	<u> </u>
O Solid Fuel #	Distance from Tank to Center of Flame	feet.
* Oil #	Cost of Work: \$// (UC	
☐ Other	Permit Fee: \$ 30 —	
<u>Approved</u>	Approved with Conditions	
Fire:	See attached letter or requirement	nt
Ele.:	A	
Bldg.://		
Signature of Installer	Inspector's Signature D	Date Approved
	ink - Applicant's Cold Assessor's Copy	