City of Portland, Ma	ine - Buil	lding or Use	Permi	t Applicatio	n P	ermit No:	Issue Date		CBL:	
389 Congress Street, 04	101 Tel: (207) <mark>874-870</mark> 3	, Fax:	(207) 874-871	6 _	08-0559	We	<u>08</u>	013 K0	02001
Location of Construction: Owner Name:				Owner Address:		-17	11		Phone:	
			STREET LLC		477 CONGRESS ST 1012					
		Contractor Name:			Contractor Address:				Phone	
		Builders Insula	Builders Insulation			Riverside Inc	dustrial Parl	w Portl	an 20787866	500
Lessee/Buyer's Name Phone:		Phone:			Permit Type:				Zone:	
		<u> </u>		<u> </u>	H	/AC				<u> </u>
Past Use: Proposed Use:		-			Permit Fee:		Cost of Wor		CEO District:	7 /
Condominium/Unit #4-E Condominium		Residential - 2	nium/Unit #4E- Install Gas		\$40.00		\$1,20	00.00 1		<u> </u>
		1			FIRE DEPT:		Approved	INSPEC	rion:	
		Heatingtow Di	Glow Direct Vent Fireplace				Denied	Use Gro	Use Group: R-3 Type: 5	
					Į.			INKY!	TMC	2003
		<u> </u>			1		Use Group: R-3 Type: 5B			
Proposed Project Description:								ignature: 0/4/06		
Install Gas HeatnGlow D	irect vent r	irepiace			Signature: Sig PEDESTRIAN ACTIVITIES DISTRIC					
										i Kici (r
					Acti	on: Appro	ved 🗌 Ap	proved w/	Conditions	Denied
					Sign	ature:			Date:	
Permit Taken By:	Date A	pplied For:			ــــــــــــــــــــــــــــــــــــــ		Annrov			
lmd		K /2008			Zoning Approval					
1. This permit applicati	on does not	nreclude the	Spe	cial Zone or Revi	ews Zoning Appeal			Historic Preservation		
Applicant(s) from me				oreland	Variance			Not in District or Landmark		
Federal Rules.				orciand	у апапсе					
 Building permits do not include plumbing, 			Wetland		Miscellaneous			Does Not Require Review		
septic or electrical w	_	piumomg,			Wiscentificous			Boos Not Require Review		
 Building permits are void if work is not started 			│	od Zone Conditional Use			Requires Review			
within six (6) months of the date of issuance.										
False information may invalidate a building			Su	Subdivision Interpretation			Approved			
permit and stop all work								1		
PERMIT ISSUED JUNE 1 1 2003			Site Plan		Approved			ļ	Approved w/Conditions	
			Maj Minor MM				ļ	Denied Date:		
					Denied					
					1	Date:				
CITY OF PO	RILANU			2/10/6		/				
				(
			,		ON					
T. 1		1 64		ERTIFICATI				11 .1		
I hereby certify that I am t I have been authorized by										
jurisdiction. In addition, i										
shall have the authority to	enter all are	as covered by su	ich pern	nit at any reaso	nable	hour to enfor	ce the prov	ision of	the code(s) ap	plicable to
such permit.										
SIGNATURE OF APPLICANT			ADDRESS			DATE			РНО	ONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Permit No: Date Applied For: CBL: City of Portland, Maine - Building or Use Permit 08-0559 05/23/2008 013 K002001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: 135 SHERIDAN ST SHERIDAN STREET LLC 477 CONGRESS ST 1012 Business Name: Contractor Name: Contractor Address: Phone **Builders Insulation** 515 Riverside Industrial Parkw Portlan (207) 878-6600 Lessee/Buyer's Name Phone: Permit Type: **HVAC** Proposed Use: Proposed Project Description: Residential - 21 Unit Condominium/Unit #4E- Install Gas Install Gas HeatnGlow Direct Vent Fireplace HeatnGlow Direct Vent Fireplace Dept: Zoning Status: Approved Reviewer: Marge Schmuckal **Approval Date:** 05/30/2008 Ok to Issue: Note: Dept: Building Status: Approved with Conditions Reviewer: Chris Hang **Approval Date:** 06/06/2008 Ok to Issue: Note: 1) The appliance shall be installed in accordance with the IMC 2003 and NFPA 2 2) The heating appliance/stove shall be installed, maintained and operated in a f the listing. 3) A copy of the enclosed chimney or fireplace disclosure must be submitt the permitted work or for the Certificate of Occupancy. 4) The installation must comply with the State of Maine Gas Regula

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 comple	etion of work.				
Certificate of Occupancy is not required for certi your project requires a Certificate of Occupancy					
If any of the inspections do not occur, the pro REGARDLESS OF THE NOTICE OR CIRC	• •				
CERIFICATE OF OCCUPANICES MUST IN THE SPACE MAY BE OCCUPIED.	BE ISSUED AND PAID FOR, BEFORE				
Signature of Applicant/Designee	Date				
Signature of Inspections Official	 Date				

CBL: 013 K002001 **Building Permit #:** 08-0559



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

	013-K-002	-
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To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

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 135 Sheridan ST #4-E	Use of Building Condominium Date 8/23/08								
Name and address of owner of appliance Postland Builder's Botland, ME									
Bottand, MC									
Installer's name and address <u>Suilders Insulation</u> 5/5 Riverside Ind. PKNY. Postland	Telephone 878-6600								
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: //eat N'6/0 Fireplace	Direct Vent								
U.L. Approved Yes No	Direct Vent Type Lbs Zonta UL#								
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank								
installation instructions? Yes No	Gas Nat Gas								
IF NO Explain:									
	Size of Tank								
The Type of License of Installer:	Number of Tanks								
Master Plumber #									
Solid Fuel #	Distance from Tank to Center of Flame feet.								
Oil #	Cost of Work: \$ 1200								
☐ Other	Cost of Work: \$ 1200 = Permit Fee: \$ 40 = -								
Annuovad	Annual with Conditions								
<u>Approved</u>	Approved with Conditions See attached letter or requirement								
Fire:	See attached letter or requirement								
Ele.: Bldg.:	Chtp / 1/2 6/4/08								
- 10 0	Inspector's Signature Date Approved								
Signature of Installer									