	Location of Construction: Owner Name:		Owner Address:	
35 St Lawrence St Coose Christo		pher &	87 St Lawrence St # 1	
Business Name: Contractor Name			Contractor Address:	Phone
		Plumbing & Heating	17 Burnham Road Scarbo	rough 2078312773
Lessee/Buyer's Name Phone:			Permit Type:	Zone:
			HVAC	K-6
Past Use:	Proposed Use:		Permit Fee: Cost of V	Vork: CEO District:
Multi Units Multi Units /				2,000.00
	Rinna gas fur	nace.	FIRE DEPT: Approve	d INSPECTION:
	4		Denied	Use Group. U Type#WA
1 Mucela	call tid -	due la la	Kinst *See Con	1 1.6 Gar P.
	urresidential	au projes	All mister	Start glas
Proposed Project Description			Jean though	2) CAL
Install direct vent Rinna	gas rumace.		Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
			A TOTAL PROPERTY OF THE PARTY O	
			Action: Approved	Approved w/Conditions Denied
			Signature:	Date:
ermit Taken By:	Date Applied For:		Zoning Appro	oval
gg	10/12/2010			W. 1910.
This permit application does not preclude the Applicant(s) from meeting applicable State and		Special Zone or Revie	ews Zoning Appeal	Historic Preservation
		Shoreland	Variance	Not in District or Landman
Federal Rules.				100 pt 10
	not include plumbing,	Wetland	Miscellaneous	Does Not Require Review
septic or electrical work.				1.1-0.000
 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 		Flood Zone	Conditional Use	Requires Review
		Subdivision	Interpretation	Approved
		Subdivision	interpretation	дриочец
	-0	Site Plan	Approved	Approved w/Conditions
	ICSLIED			
	1200	Maj Minor MM	Denied	Denied
TIMOT		3 with car	nditues	
PERMIT			1000	Date:
PERMIT	-5	Date: Q 10/15	>// U Date	
PERMIT	-5	Date: 9 10/15)// U Date	
PERMIT	- 5	Date. 9 10/15	7/10 Date	
PERMIT	of Portland	Date: 9 10/15	Date.	
PERMIT NOV	of Portland	Date. 9 10/15	Date:	
PERMIT NOV	of Portland	Date. 9 10/15	Date	

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

- (1) [1] -	nine - Building or Use Peri 101 Tel: (207) 874-8703, Fax		Permit No: 10-1281	Date Applied For: 10/12/2010	CBL: 016 D012001
Location of Construction:	Owner Name:	lo lo	wner Address:		Phone:
85 St Lawrence St	Coose Christopher	&	87 St Lawrence S	# 1	
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:	
	Steve Carazzo Plun	nbing & Heating	7 Burnham Road	Scarborough	(207) 831-2773
Lessee/Buyer's Name	Phone:	Permit Type: HVAC			
Proposed Use:		Proposed	Project Description:	-	
	Status: Approved with Condu	eds, pools, and/or ga		130 1 30	Ok to Issue: 🔻
Ihis is NOT an appre	oval for an additional dwelling un	nt. You SHALL NO) I add any addition	mal kitchen eduing	
	uch as stoves, microwaves, refrig	erators, or kitchen s			nent including, but
not limited to items s 3) This property shall re	uch as stoves, microwaves, refrig main four residential dwelling ur mit application for review and ap	nits with a profession	inks, etc. Without	special approvals.	
not limited to items s 3) This property shall re- require a separate per	main four residential dwelling ur mit application for review and ap	nits with a profession oproval.	inks, etc. Without	special approvals. st floor. Any chang	ge of use shall
not limited to items s 3) This property shall re- require a separate per Dept: Building	main four residential dwelling ur	nits with a profession oproval.	inks, etc. Without nal office on the 1	special approvals. st floor. Any chang	ge of use shall
not limited to items s 3) This property shall re- require a separate per Dept: Building Note:	main four residential dwelling ur mit application for review and ap	nits with a profession oproval. tions Reviewer:	inks, etc. Without nal office on the 1	special approvals. st floor. Any chang	ge of use shall Date: 11/05/2010

1) Install shall comply with all manufacture's specifications.

 Install shall comply with NFPA 54. A compliance letter is required
 Install shall comply with NFPA 58 A compliance letter is required.





To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

ERMIT ISSUED

NOV - 5

City of Portland

accordance with the Laws of Maine, the Building Code	install the following heating, cooking or power equipment in e of the City of Portland, and the following specifications:
Location/CBL 85 St Lawrence Street	Use of Building Multi Unit Date 10/12/10
Name and address of owner of appliance _ Chri's Co	/ /
Same	
Installer's name and address Steve Calgar	o Plumbin Anc
17 Burnham Rd Scorborong	L me 0404 y Telephone (207) 88/2773
Location of appliance:	Type of Chimney:
□ Basement 🗹 Floor	☐ Masonry Lined
☐ Auic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
☑ Gas ☐ Oil ☐ Solid	Factory Built U.L. Listing #
Appliance Name: Rinnia	Direct Vent
U.L. Approved 🦻 Yes 🗆 No	Type Manufecturer UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No	Type of Fuel Tank G Oil G Gas
IF NO Explain:	

<u>Approved</u>

Ele.: _____

Master Plumber #______

☐ Solid Fuel # _____

Approved with Conditions

Distance from Tank to Center of Flame ______ feet.

☐ See attached letter or requirement

Size of Tank _____

Number of Tanks

Inspector's Signature

Date Approved

Signature of Installer

The Type of License of Installer:

Oil #

White - Inspection Yell

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy



FILL IN AND SIGN WITH INK

DEDAUTION

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT NO

NOV - 5 2010

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

City of Portland

accordance with the Laws of Maine, the Building Code of th	Il the following heating, cooking or power equipment in e City of Portland, and the following specifications:
Location/CBL 85 St Lawrence Street	Use of Building M. W. Un't Day 10/12/10
Numa and address of owner of appliance Charlis Coos	Ose of Building Mark Date 10/16/15
Name and address of owner of appliance Chris Coos	are as L + de soil
Installar's name and address Stays (2027)	Plum by Par
17 Buckban Rd Scarborough	me oyosy Telephone (201) 83/2973
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: Ring-9	Direct Vent
U.L. Approved D Yes D No	Type MENUFECTURET UL#
The state of the s	1717
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions? Yes No	□ Oil
	☐ Gas
IF NO Explain:	
	Size of Tank
4	hehi -
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	T. T
□ Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil #	6
Gas # PNT / 1/35	Cost of Work: S_2000
Other	Permit Fee: \$
Approved	Approved with Conditions
Fire:	 See attached letter or requirement
Ele.:	
Bldg.:	
Care	Inspector's Signature Date Approved
Signature of Installer 57 the contra o	

Pink - Applicant's

Yellow - File

White - Inspection

Gold - Assessor's Copy



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

		10/10	20 10
		20 Plumby Inc	
Location of Work	85 St. Law	venue	
Cost of Construct	ion \$ 3000	Building Fee:_	
Permit Fee	\$	Site Fee: _	
	Certific	ate of Occupancy Fee: _	
Heating		Total: _	40.30
Building (IL)	Plumbing (I5)	Electrical (I2) Site	Plan (U2)
Other			
CBL: 16-0-	17		
Check #:		Total Collected	\$ 40.00

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by: ______

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy