City of Portland, Maine	•			Issue Date:	CBL:
	_ <del></del>	el: (207) 874-8703, Fax: (207) 874-87		9	016 E004001
Location of Construction:	Owner Name:		Owner Address:		Phone:
68 ATLANTIC ST		RT R & JEANNE M J	68 ATLANTIC		
Business Name: Contractor Name		•	Contractor Address:		Phone
Mike MacDon Lessee/Buyer's Name Phone:		naid Heating Service	87 Penn Ave South Portland Permit Type:		2073187079 Zone:
	<u> </u>		HVAC		120ne - 6
Past Use:	st Use: Proposed Use:		Permit Fee:	Cost of Work:	CEO District:
		Home - Install an	\$70.00		
Proposed Project Description:	Endurance in t	oasement			PECTION: Group: HWACType: The Gas R
Froposeu Project Description: Install an Endurance in basem	ent		s:	8:	C
msian an enquirance in dasem	Cm		Signature: PEDESTRIAN A	Sign	rature.
				w/Conditions Denied	
			Signature:		Date:
Permit Taken By: Idobson	Date Applied For: 08/06/2010		Zoning Approval		
<del></del>		Special Zone or Revie	ws Z	oning Appeal	Historic Preservation
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		☐ Shoreland	☐ Vari		Not in District or Landma
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland	☐ Mise	celtaneous	Does Not Require Review
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		☐ Flood Zone	☐ Con	ditional Use	Requires Review
		Subdivision	] [] Inter	pretation	Approved
DERMIT IS	SSUFD	Site Plan	□ Арр	roved	Approved w/Conditions
PERMIT ISSUED		Maj ∏ Minor ∏ MM	Deni	ied	☐ Denied
AUG 17		Date: Date:	Date:		Date:
City of Po	rtland	2011	1/1D		
•					
		CERTIFICATION	ON		
hereby certify that I am the over have been authorized by the ourisdiction. In addition, if a postall have the authority to entersuch permit.	wner to make this appliermit for work describe	ication as his authorized d in the application is is	d agent and I agr ssued, I certify th	ee to conform to all nat the code official	l applicable laws of this 's authorized representative
SIGNATURE OF APPLICANT	<del></del>	ADDRESS	<u> </u>	DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

- · ·	e - Building or Use Permi 1 Tel: (207) 874-8703, Fax: (		Permit No: 10-0959	Date Applied For: 08/06/2010	O16 E004001
Location of Construction:	ocation of Construction: Owner Name:		Owner Address:		Phone:
68 ATLANTIC ST	BULL ROBERT R &	JEANNE M J	68 ATLANTIC ST		
Business Name: Contractor Name:			Contractor Address:		Phone
	Mike MacDonald Hea	Mike MacDonald Heating Service		87 Penn Ave South Portland	
Lessee/Buyer's Name	Phone:			Permit Type: HVAC	
Proposed Use:		Propose	d Project Description:		
Single Family Home - Instal	an Endurance in basement	Instal	an Endurance in b	asement	
Dept: Zoning S Note:	tatus: Approved with Condition	ns <b>Reviewer</b>	Marge Schmuck	al Approval I	Oate: 08/11/2010 Ok to Issue: ✓
	required for future decks, sheds	s nools and/or s	garages		
2) This is NOT an approval	for an additional dwelling unit. as stoves, microwaves, refrigera	You SHALL N	OT add any addition		ent including, but
<ol> <li>This property shall remain approval.</li> </ol>	in a single family dwelling. Any	change of use s	hall require a separa	ate permit application	on for review and
<ol> <li>This permit is being appropriate work.</li> </ol>	oved on the basis of plans subm	nitted. Any devi	ations shall require	a separate approval	before starting that
Dept: Building S	tatus: Approved with Condition	ns <b>Reviewer</b>	: Tammy Munson	Approval J	Date: 08/17/2010

1) The installation must comply with the State of Maine Gas Regulations.

PERMIT ISSUED

AUG 17 PHO



## **APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT**

PERMIT ISSUED

AUG 17 2010

T. d. DICDECTOR OF DITH DRICE Date II. M.	City of Portland
To the INSPECTOR OF BUILDINGS, PORTLAND, ME.  The undersigned hereby applies for a permit to ins	stall the following heating, cooking or power equipment in
accordance with the Laws of Maine, the Building Code of	
Name and address of owner of appliance bob & Jean	
Installer's name and address Mike McDonald Fellows St. So. Portland, M	Heating Service LLC 160 Per Telephone 888-1668 318-7079
Location of appliance:	Type of Chimney:
Basement	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
Gas 🗅 Oil 🗅 Solid	Factory Built U.L. Listing #
Appliance Name: Endurance	Direct Vent
U.L. Approved Yes No	Type Ripe within Ripe UL#
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
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	
☐ Solid Fuel #	Distance from Tank to Center of Flame feet.
O 9il #	a war a Naon an
Gas # PN T 5949	Cost of Work: \$ 4300.00
□ Other	Permit Fee: \$
Approved	Approved with Conditions
Fire:	See attached letter or requirement
Ele.:	
Bldg.:	Inspector's Signature Date Approved

White - Inspection

Signature of Installer

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy



## CITY OF FIRST LINE, MAINE Department of the president

	Ordina moonbe	
	8.6.	20 10
Received from	McDonald	
Location of Work	COANCA	
Cdst of Construction Permit Fee	Stores	
	Cereticate of Occupancy Fee:	
fullating (IL) Plum	en e	
om IIVAC		
CRL: 16-E-	. Total Collected	70
	and the second	
No work is Please kee	to be started until perm p original receipt for you	it issued. ir records.
Taken by:	210	
WHITE - Applicant's G YELLOW - Office Copy		
PWK - Permit Copy	The state of the s	· · · · ·



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED

AUG 1 7 2010

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.  The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of the Location / CBL 68 Atlantic St Buttaria  Name and address of owner of appliance 80 b f Jean  [artland, Me.]  Installer's name and address Mike McVirold Hereby St. So. Poctland, Me.	Use of Building Home Date 8-6-10 Bull 68 Atlantic St  ection Service LLC 160
Location of appliance:	Type of Chimney:
Basement G Floor	Masonry Lined
🔾 - Attic 🚨 Roof	Factory built
Type of Fuel:  Gas Gold  Appliance Name: FOUNANCE  U.S. Approved D. Yes G. No  Will appliance be installed in accordance with the manufacture's installation instructions? Yes G. No  IF NO Explain:	Direct Vent Type Size within life UL#  Type of Fuel Tank Gas  Size of Tank  A/A
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: \$ 4300.00
Gas # PN T 5949	
□ Other	Permit Fee: \$
Approved  Fire:  Ele.:  Bldg.	Approved with Conditions  See attached letter or requirement  Inspector's Signature Date Approved
Signature of Installer	
White - Inspection Yellow - File Pi	ink - Applicant's Gold - Assessor's Copy