

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

Permit No: 06-0076	Issue Date: FEB - 3 2006	CBL: 017 F020001
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<b>Location of Construction:</b> 21 SHERIDAN ST	<b>Owner Name:</b> 145 NEWBURY STREET ASSOCI	<b>Owner Address:</b> 145 NEWBURY ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Nate Leavitt	<b>Contractor Address:</b> 9 Commercial St Portland	<b>Phone:</b> 2077722155
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Past Use:</b> Residential (Condo)	<b>Proposed Use:</b> Residential (condo) Install gas burning fireplace direct vent	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$375.00	<b>CEO District:</b> 1
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<b>Proposed Project Description:</b> Install gas burning fire	<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied To Manufacturers Spec's Signature: <i>C. G. Lewis</i>	<b>INSPECTION:</b> Use Group <i>U</i> Type: <i>HVAC</i> State Gas Regs. Signature: <i>[Signature]</i>
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<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 01/18/2006	<b>Zoning Approval</b>
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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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**CERTIFICATION**

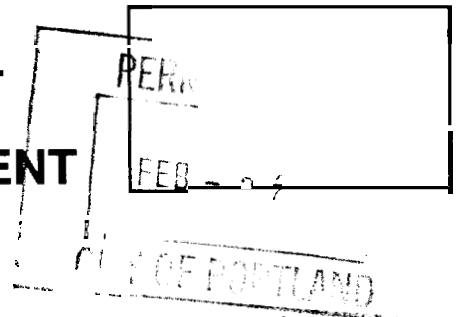
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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



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 / CBL 21 SHERIDAN ST. Use of Building CONDO Date 1-9-06  
 Name and address of owner of appliance ED GARDNER 5 NEWBERRY ST ASSO  
PORTLAND, 04102  
 Installer's name and address NATE LEAVITT, 9 COMMERCIAL ST  
PORTLAND ME 04101 Telephone 207 772 2155

### Location of appliance:

- Basement
- Floor
- Attic
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: BL 350 TRSC NG

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# PNT 3872
- Other \_\_\_\_\_

### Type of Chimney:

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

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

Direct Vent  
Type SIMPSON DURAVENT UL# MH 14420

### Type of Fuel Tank

- Oil
- Gas

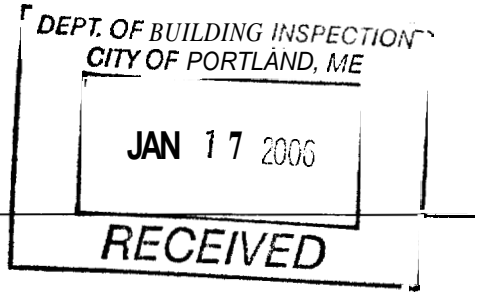
Size of Tank \_\_\_\_\_

Number of Tanks \_\_\_\_\_

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

Cost of Work: \$ 375.00

Permit Fee: \$ \_\_\_\_\_



### Approved

Fire: \_\_\_\_\_  
 Ele.: \_\_\_\_\_  
 Bldg.: \_\_\_\_\_

### Approved with Conditions

- See attached letter or requirement

Inspector's Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Signature of Installer [Signature]

White - Inspection    Yellow - File    Pink - Applicant's    Gold - Assessor's Copy

# 1796

**STATE OF MAINE  
CHIMNEY OR FIREPLACE DISCLOSURE**

Dear Consumer: State law, specifically 32 M.R.S.A., Chapter 33, requires chimney or fireplace installers, as of January 1, 1992, to provide you with this Disclosure prior to the installation work being done on your chimney or fireplace. The purpose of this Disclosure is to help you, as a consumer, make an informed decision as to the abilities of the installer and under what requirements the installation must comply. It is important to note that the State of Maine does not require registration or licensure of chimney or fireplace installers; however, it is just as important to realize that many fires are caused each year by improperly constructed fireplaces and chimneys. For further information about this law, call the Division of Licensing & Registration at 624-8629 or write to the Division at #35 State House Station, Augusta, Maine 04333.

**INSTALLER INFORMATION**

Name of Installer NATE LEAVITT - THE FINEST HEARTH  
D.B.A. \_\_\_\_\_  
Name of Installer (if incorporated) \_\_\_\_\_  
D.B.A. \_\_\_\_\_  
Legal Address 9 COMMERCIAL ST PORTLAND  
(Street and No.) (City or Town)  
ME CUMBERLAND 04101  
(State) (County) (Zip Code)  
Home Telephone 1 1 Business Telephone 207 772 2155  
Years of experience doing fireplace or chimney installations 10

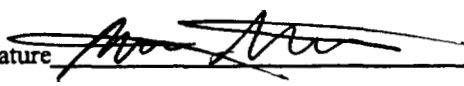
**CONSUMER IDENTIFICATION**

Consumer's Name ED GARDNER  
Mailing Address 145 NEWBERRY ST. ASSO, PORTLAND  
(Street and No.) (City or Town)  
ME CUMBERLAND 04101  
(State) (County) (Zip Code)  
Home Telephone 1 1 Business Telephone 207 415 4493

Installer, please give a brief description of installation being offered.

DIRECT VENT GAS FIREPLACE  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, the installer, hereby attest that the preceding information provided is true to the best of my knowledge. I also understand that if I fail to conform with the standards as outlined in NFPA 211 that I shall be subject to penalties as outlined under Title 32, Chapter 33, 01 and Solid Fuel Board.

Signature  Date 1/9/06