vity of i of tiallu, maille .	Building or Use 2	Permit Application	on Pe	rmit No:	Issue Date:	CBL:	
389 Congress Street, 04101 T	cel: (207) 874-8703	, Fax: (207) 874-87	16	02-1379		026 C01	17001
Location of Construction: Owner Name:			Owne	Owner Address:		Phone:	
9 Cedar St Andrews Jame		es S	Po Box 2365				
Business Name: Contractor Name		:	Contr	actor Address:		Phone	
n/a Timothy Pepp		ers Sr.	s Sr. 148 Elm Street South Portland		2077670285		
Lessee/Buyer's Name Phone:		Permit Type:			Zone:		
n/a	n/a	l∕a		HVAC			
Past Use: Proposed Use:			Permit Fee: Cost of Work: CEO District:			7	
Multi Family	Multi family /	Multi family / Install gas heating			\$0.00	1	
	system		FIRE		Approved INSP	PECTION:	1 1 23/02
Proposed Project Description:						\cap	\sim
Install Heating System (3 Rinnai	direct vents)		Signature: Why Signature			ature:	Iunt
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		(P.A.D.)		
		Actio		Action: Approved Approved w/Conditions Denied			
			Signa	Signature: Da		Date:	
Permit Taken By: Da	ate Applied For:			Zoning A	nnroval		
gg	12/16/2002			Loning	ippi o tui		
1. This permit application does not preclude the		Special Zone or Reviews		Zoning	Appeal	Historic Prese	ervation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District	t or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Req	uire Review
•	Flood Zone			1 Lice	🗌 Requires Revi		
3. Building permits are void if within six (6) months of the				Conditiona	u Ose	·	ew
3. Building permits are void if within six (6) months of the False information may invali permit and stop all work	date of issuance.		2			Approved	ew
within six (6) months of the False information may inval	date of issuance.		2				ĺ
within six (6) months of the False information may inval	date of issuance.		2	Interpretati		Approved	
within six (6) months of the False information may inval	date of issuance.	Sybdivision	2 M 🗆	 Interpretati Approved 		Approved Approved w/C	

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 P	ERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

	,		lding or Use Permit (207) 874-8703, Fax: (Permit No: 02-1379	Date Applied For: 12/16/2002	CBL: 026 C017001
	f Construction:		Owner Name:		Wher Address:		Phone:
9 Cedar S			Andrews James S		Po Box 2365		
Business N	ame:		Contractor Name:		Contractor Address:		Phone
n/a			Timothy Peppers Sr.	Í	148 Elm Street So	uth Portland	(207) 767-0285
Lessee/Buy	ver's Name		Phone:	P	ermit Type:		
n/a			n/a		HVAC		
Proposed U	Jse:			Proposed	Project Description:		
Multi fan	nily / Install gas h	eating syst	tem	Install	Heating System (3	Rinnai direct vents)	
	·						
Dept:	Zoning	Status: N	Not Applicable	Reviewer:		Approval Da	ate:
Note:							Ok to Issue:
Dept:	Building	Status: A	Approved with Condition	s Reviewer:	Mike Nugent	Approval Da	
Note:							Ok to Issue:
1) Must comply with all applicable Gas Regs.							
Dept:	Fire	Status: A	Approved	Reviewer:	Lt. McDougall	Approval Da	ate: 12/23/2002
Note:							Ok to Issue: 🗹

O O 137 FILL IN AND	SIGN WITH INK
APPLICATION	N FOR PERMIT WER EQUIPMENT
accordance with the Laws of Maine, the Building Code of t	$626 \ C \ O \ H_{all}$ all the following heating, cooking or power equipment in the City of Portland, and the following specifications: Use of Building $\frac{12-16-02}{12-16-02}$ Use of Building $\frac{12-16-02}{12-16-02}$
148 Elm st SO. Portland II	Telephone 767-0785
Location of appliance: Image: Basement Image: Floor Image: Attic Image: Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Oil Solid Appliance Name: Rinnal - 3-UNITS- U.L. Approved A Yes No	Metal Factory Built U.L. Listing # Direct Vert Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes	Type of Fuel Tank Oil Gas Size of Tank MA
Image: Master Plumber # Image: Master Plumber # Image: Solid Fuel # Image: Solid Fuel # Image: Oil # Image: Solid Fuel # Image: Solid Fuel # Image: Solid Fuel # Image: Solid Fuel #	Number of Tanks N/A Distance from Tank to Center of Flame
Approved Fire:	Approved with Conditions See attached letter or requirement Inspector's Signature Date Approved Applicant's Oold - Assessor's Copy
	Trender Con Absosor's Copy



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CITY OF PORTLAND, MAINE Department of Building Inspections

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Received from	roundary of			
Received from	1			
Location of Work	· · · · · · · · · · · · · · · · · · ·	3. <u>Y</u> (:	
Cost of Construction	\$			1 C. J.
Permit Fee	\$	1		-
Building (IL) Plun			Site Pla	an (U2)
CBL:	<u>(^1</u>)			
Check #: 0	and a second second	Total Co	llected s	· · · · · · · · · · · · · · · · · · ·

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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