	SIGN WITH INK I FOR PERMIT WER EQUIPMENT CITY OF PORTVAND
To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	
Location / CBL_GI Myctle_ portland_ Use of Building <u>Cesidentral</u> Date <u>1/8/06</u> Name and address of owner of appliance <u>Bayside</u> <u>Neiskour 6000</u> <u>ociation</u> <u>25/ 5twe St. Portland</u> Installer's name and address <u>It is pec</u> <u>230 5000 nL Hollis</u> <u>MIE ovon</u> <u>Telephone</u> <u>727-5111</u>	
Location of appliance: Image: Floor Image: Second secon	Type of Chimney: Masonry Lined Factory built
Type of Fuel:	 Metal Factory Built U.L. Listing # Direct Vent
U.L. Approved → Yes □ No Will appliance be installed in accordance with the manufacture's installation instructions? ✓ Yes □ No IF <u>NO</u> Explain:	Type uL# Type of Fuel Tank
The Type of License of Installer: \Box Master Plumber # \Box Solid Fuel # \Box Oil #S20007380 \Box Gas # \Box Other	Size of Tank 275 $5 c/low$ Number of Tanks $ Distance from Tank to Center of Flame _7 feet.Cost of Work: 35743Permit Fee: 5756/00$
Approved Fire: Ele.:	Approved with Conditions See attached letter or requirement
Bldg.: Signature of Installer	Inspector's Signature Date Approved Pink - Applicant's Gold - Assessor's Copy

. .