

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Location of Construction:		Owner Name:		Permit No:	Issue Date:	CBL:	
439 CONGRESS ST		METROPOLITAN APARTMENTS		05-1649	NOV 29 2005	027 BOC4001	
Business Name:		Contractor Name:		Owner Address:		Phone:	
		Portland Airconditioning, Inc.		429 ELMWOOD RD			
Lessee/Buyer's Name		Phone:		Contractor Address:		Zone:	
				205 Lincoln St. S. Portland		B3	
Past Use:		Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	
Commercial		Commercial/ install a natural gas Direct Vent Carrier air conditioner on floor		\$120.00	\$10,992.00	1	
Proposed Project Description:				FIRE DEPT:		INSPECTION:	
install a natural gas Direct Vent Carrier air conditioner on floor				<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 54		Use Group R2 Type: HVAC	
				Signature: <i>see case</i>		Signature: <i>AMB 11/21/05</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)							
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied							
Signature: _____ Date: _____							

Permit Taken By: Idobson	Date Applied For: 11/10/2005	Zoning Approval		
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..		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>OK</i> <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>AMB 11/21/05</i>	Zoning Appeal <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: _____	Historic Preservation <input checked="" 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: <i>AMB 11/21/05</i>

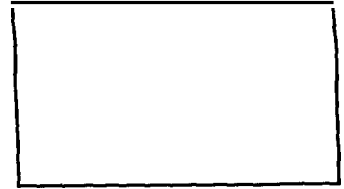
CERTIFICATION

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 438²⁷⁸⁴ Congress Street Use of Building res. Date 11/28/05
 Name and address of owner of appliance Wes Pierce, Spring Street West
104 Grand Street Portland, Maine
 Installer's name and address Portland Association Inc.
40 Mason Lobby Road, Scarborough Telephone 202-885-1256

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Carrier

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# PNT434
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
- Metal
Factory Built U.L. Listing # _____
- Direct Vent
Type PVC UL# _____

Type of Fuel Tank Crab

- Oil
- Gas

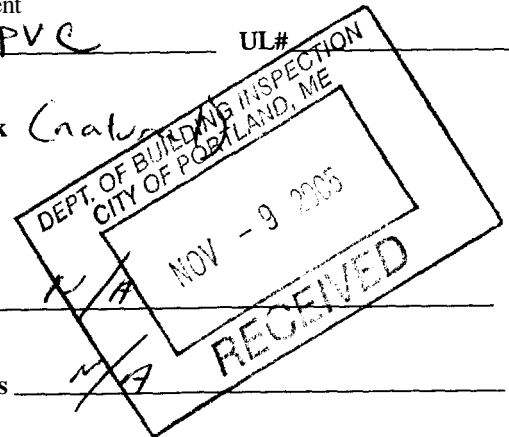
Size of Tank _____

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 10,992.00

Permit Fee: \$ 120.00



Approved

Fire: _____
 Ele.: _____
 Bldg.: JMB

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer _____

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Permit No: 05-1649	Date Applied For: 11/10/2005	CBL: 027 BOO4001
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Location of Construction: 439 CONGRESS ST	Owner Name: METROPOLITAN APARTMENTS	Owner Address: 429 ELMWOOD RD	Phone:
Business Name:	Contractor Name: Portland Airconditioning, Inc.	Contractor Address: 205 Lincoln St. S. Portland	Phone (207) 767-4567
Tenant/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Commercial/ install a natural gas Direct Vent Carrier air conditioner on floor	Proposed Project Description: install a natural gas Direct Vent Carrier air conditioner on floor
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 11/21/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/21/2005
Note: **Ok to Issue:**

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

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 11/10/2005
Note: **Ok to Issue:**

1) Any building construction to comply with Nfpa 101

2) Install to comply with NFPA 54