

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0156	Issue Date:	CBL: 027 B004001
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Location of Construction: 439 Congress St	Owner Name: Metropolitan Apartments Llc	Owner Address: 429 Elmwood Rd	Phone:
Business Name: n/a	Contractor Name: Darling Plumbing & Heating	Contractor Address: 27 Vannah Ave Portland	Phone: 2077739525
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: HVAC	Zone: B3

Past Use: Multi Family	Proposed Use: Multi Family / Install gas direct vent heating system. <i>legal 72 Apts 1st floor commercial</i>	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Install Heating System		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>NA</i> Type:	
		Signature: <i>u/m/m/g</i>	Signature: <i>[Signature]</i> 3/10/03	
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: gg	Date Applied For: 03/03/2003	Zoning Approval		
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 <input type="checkbox"/> Site Plan <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/5/03</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 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>Requires SA Separate Review</i>
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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.

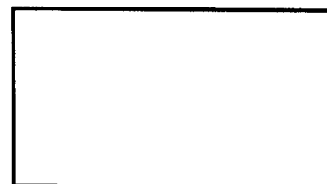
SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



029 B 004

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 439 Congress St Use of Building Apts Date 3/3/03
 Name and address of owner of appliance Metropolitan Apts - 104 Grant St
Portland ME 04102
 Installer's name and address Darling Plumbing & Heating Inc
29 Vannoy Ave Portland, ME 04103 Telephone 207-733-9125

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Embassy

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 # 473
- Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Approved

Fire: [Signature]

Ele.: _____

Bldg.: _____

Approved with Conditions

See attached letter or requirement

Signature of Installer [Signature]

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