ocation of Construction:	89 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207)						
	Owner Name:	G	Owner Address:		Phone:		
27 Monument Sq			22 Monument Sq Contractor Address: Phone				
Business Name:	1	Contractor Name: Eastern Mechanical Inc		- C 1	Phone 2072827387		
Lance /Demonta Nome				P.O. Box 518 Biddeford			
Lessee/Buyer's Name Phone:			Permit Type: HVAC		Zone: B-3		
Past Use: Proposed Use:			Permit Fee: Cost of Work:		CEO District:		
Commercial	• • • • • • • • • • • • • • • • • • •	Commercial / Install a York, direct vent gas fuel tank on the 4th floor.		\$280.00			
Proposed Project Description:	vent gas ruer u	ank on the 4th noor.	FIRE DEPT: Approved Us		oup: U TypeffVI		
•	os fuel tank on the 4th flor	۵۳	PEDESTRIAN ACTIVITIES DISTRIC				
Install a York, direct vent ga	is tuel tank on the 4th floo	UI.					
			Action: Approve	d Approved w/	l w/Conditions Denied		
			Signature:		Date:		
Permit Taken By: gg	Date Applied For: 07/31/2009		Zoning Approval				
1. This permit application	does not preclude the	Special Zone or Review	ws Zoning	Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	☐ Variance		Not in District or Landma		
2. Building permits do not septic or electrical work	• •	Wetland	Miscellan	Miscellaneous [
3. Building permits are vo within six (6) months of	f the date of issuance.	Flood Zone	Condition	Conditional Use			
False information may i permit and stop all work	•	Subdivision	Interpretat	[Interpretation			
_		Site Plan	Approved		Approved w/Conditions		
PERM	IT ISSUED	Mai Minor MM	Denied		Denied		
	1 1 2009	Date: 8/5/0	Date:	D	ate:		
AUG							
	PORTLAND						
	PORTLAND	CERTIFICATIO	DN				
	owner of record of the na owner to make this appli permit for work described	med property, or that th ication as his authorized d in the application is is	e proposed work is a agent and I agree to sued, I certify that th	conform to all ap e code official's a	oplicable laws of this authorized representative		

•	ilding or Use Permit (207) 874-8703, Fax: (20	Permit No: 09-0810	Date Applied For: 07/31/2009	CBL: 027 F002001		
Location of Construction:		Owner Name:		Owner Address:	Owner Address:	
27 Monument Sq		28 Monument Square Llc 2		22 Monument Sq	22 Monument Sq	
Business Name:		Contractor Name:		Contractor Address:	Contractor Address:	
		Eastern Mechanical Inc		P.O. Box 518 Biddeford		(207) 282-7387
Lessee/Buyer's Name		Phone:		Permit Type: HVAC		
floor.		vent gas fuel tank on the 4th		all a York, direct vent		
Dept: Zoning Note:	Status:	Approved	Review	Marge Schmucka	d Approval I	Oate: 08/05/2009 Ok to Issue: ✓
Dept: Building Note: 1) The installation mu		Approved with Conditions ith the State of Maine Gas Re		er: Tammy Munson	Approval I	Oate: 08/10/2009 Ok to Issue: ✓

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



027 F002 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 ___ ___ Use of Building _____ Date ___ Name and address of owner of appliance CHARLES & DELINDA CARDENTER, 28 MINUMENT SQUARE, 4th FLOOR PORTLAND ME 04101 Installer's name and address <u>EASTERN</u> MECHANICAL TNC, PUBOX 518 BIDDEFULD ME 04005 Telephone 207-282-7387 Location of appliance: Type of Chimney: ☐ Basement Floor ■ Masonry Lined ☐ Attic □ Roof Factory built _ Type of Fuel: Metal Ma Gas ☐ Oil ☐ Solid Factory Built U.L. Listing #____ Direct Vent U.L. Approved 🔾 Yes 🗘 No Will appliance be installed in accordance with the manufacture's Type of Fuel Tank installation instructions? Yes JUL 3 1 2009 □ Oil **⊠** Gas IF NO Explain:____ Size of Tank The Type of License of Installer: Number of Tanks _ ☐ Master Plumber #__ □ Solid Fuel # _____ Distance from Tank to Center of Flame _____ feet. M Gas #_ PNT 2125 Cost of Work: ☐ Other_ Permit Fee: **Approved Approved with Conditions** Fire: ☐ See attached letter or requirement Ele.: Bldg.: ____ Inspector's Signature Date Approved Signature of Installer ___

White - Inspection

Yellow - File

Pink - Applicant's Gold - Assessor's Copy