

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1625	Issue Date:	CBL: 028 I005001
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Location of Construction: 96 Federal St	Owner Name: Kibbee Mary A Trustee Of Taro	Owner Address: 436 Ocean Ave	Phone:
Business Name:	Contractor Name: Sheldon Goldman	Contractor Address: 31 Peary Terrace So Portland	Phone: 2077996211
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R6

Past Use: commercial residential 6 units	Proposed Use: commercial residential 6 units install Weil Mclain heating system replacement same footprint	Permit Fee: \$66.00	Cost of Work: \$5,000.00	CEO District: 1
<p><i>legal use - six (6) residential dwelling units</i></p> <p>Proposed Project Description: install a Weil Mclain heating system replacement same footprint <i>per 1955 Directory</i></p>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>N/A</i> Type: <i>N/A</i> <i>HEATING</i> <i>11/3/04</i> Signature: <i>[Signature]</i>
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</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: dmartin	Date Applied For: 10/28/2004	Zoning Approval
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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 checked="" type="checkbox"/> <i>6 D.U. only</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>ok S</i> <i>11/2/04</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"/> 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 Date: <i>[Signature]</i>
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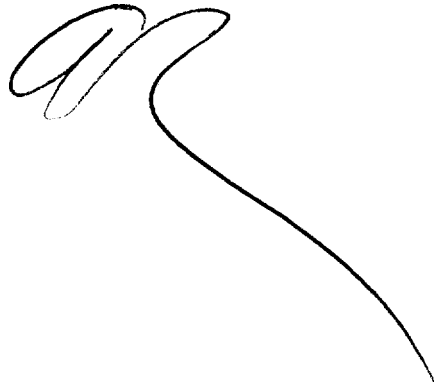
CERTIFICATION

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

9/21/05

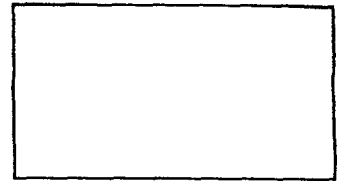
Donu.

A large, stylized handwritten flourish or signature that starts with a loop and extends into a long, sweeping tail.



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 28 I 5 Use of Building _____ Date 10 26-04
 Name and address of owner of appliance MARY KIBBEE
96 FEDERAL ST PORTLAND, ME.
 Installer's name and address SHELDON GOLDMAN 3) DEARY TERRACE
SU. PORTLAND, ME 04106 Telephone 799-6211

Location of appliance:
 Basement Floor
 Attic Roof
Replacement.

Type of Fuel:
 Gas Oil Solid

Appliance Name: West Main
 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 # MS 2362
 Solid Fuel # _____
 Oil # _____
 Gas # DNT 2253
 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.

Cost of Work: \$ 5 000
 Permit Fee: \$ 66.00

Approved
 Fire: US 91m7
 Ele.: _____
 Bldg.: _____

Signature of Installer Sheldon Goldman

Approved with Conditions
 See attached letter or requirement

Inspector's Signature _____ Date Approved _____

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

6.06.7