

# City of Portland, Maine - Building or Use Permit Application

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

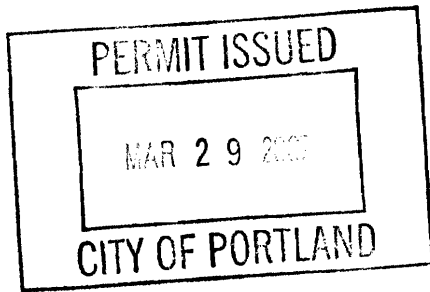
Permit No: 07-0225	Issue Date:	CBL: 029 K001001
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Location of Construction: 7 CUSTOM HOUSE ST	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	Phone:
Business Name:	Contractor Name: Atlantic Comfort Systems	Contractor Address: PO Box 665 Biddeford	Phone 2072846360
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: B-3

Past Use: Commercial 5 story w/ lower level adjacent to existing office bldg. Connected w/ permit # 061081	Proposed Use: Commercial - New Gas HVAC Carrier Corp roof top HVAC units	Permit Fee: \$9,830.00	Cost of Work: \$981,000.00	CEO District: 1
Proposed Project Description: New Gas HVAC Carrier Corp roof top HVAC units		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO N-PA 906 + 54 Signature: <i>Greg Curran</i>		INSPECTION: Use Group: <i>HVAC</i> Type: 3/27/07 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: Idobson	Date Applied For: 03/05/2007	<b>Zoning Approval</b>	
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- 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..



<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <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>3/5/07</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> with photo original <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: _____
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## CERTIFICATION

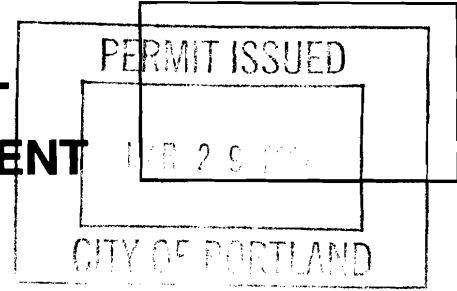
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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



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 7 Cusson House Port Me 29k1 Use of Building Other Date 3/5/07  
Name and address of owner of appliance \_\_\_\_\_

Installer's name and address Atlantic Comfort Systems Inc  
P.O. Box 665 Biddeford ME 04005 Telephone 207-284-6360

**Location of appliance:**

Basement       Floor  
 Attic             Roof

**Type of Fuel:**

Gas       Oil       Solid

**Appliance Name:** Carrier Cozp  
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 # PNT2112  
 Other \_\_\_\_\_

**Type of Chimney:**

Masonry Lined  
Factory built \_\_\_\_\_

Metal  
Factory Built U.L. Listing # \_\_\_\_\_

Direct Vent  
Type \_\_\_\_\_ UL# \_\_\_\_\_

**Type of Fuel Tank**

Oil  
 Gas

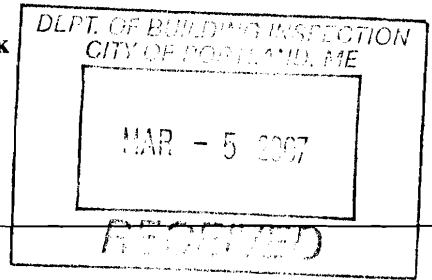
Size of Tank \_\_\_\_\_

Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ 981,000.<sup>00</sup>

Permit Fee: \$ \_\_\_\_\_



**Approved**

Fire: \_\_\_\_\_  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

Signature of Installer John A. M... [Signature]

**Approved with Conditions**

See attached letter or requirement

Inspector's Signature \_\_\_\_\_ Date Approved \_\_\_\_\_