| | | | | | Permit No: | Issue Date | ATT ISSI | ch): | | |
|---|---------------------------------------|------------------------------------|-------------------------|-------------------|--|--|--|-------------------------------|--|--|
| | | | | | 06-0606 | The Annual Control of the Control of | | 031 J0 | 002031 | |
| Location of Construction: Owner Name: | | | | | Owner Address: | 1447/ | , , , , , , | Phone: | | |
| | | | STEPHEN L & MAR | | 9 HEMLOCK C | RK MAY | t it | | | |
| Business Name: | | Contractor Name | | | Contractor Address | | and the second s | Phone. | | |
| | | Gelinas HVAC Services Inc. | | | 2 Washington Ave Carbyr Cligh PORT 207885077 | | | | 77 | |
| Lessee/Buyer's Name | | Phone: | | | Permit Type: | | | | Zone: | |
| | | | | | HVAC | | | | WCZ | |
| Past Use: | | Proposed Use: | | | Permit Fee: | Cost of Worl | k: (CE0 | O District: | | |
| Condo | | Condo - install a Valor Gas B-vent | | | \$39.00 | 00.00 | 1 | | | |
| | | | e- first Floor | | | | | | | |
| | | time! | . 1 |) la c | TIKE DET 1. | Approved Denied | Use Group | \mathcal{U} | Туре Н | |
| | | #301 | , KAN | Je (w > | | Denied | أبد | 1.12 | 1 | |
| | | | ĺ | Many | | | Stra | C (70. | Type HU | |
| | | <u> </u> | | | | | | 1/ | , | |
| | | | | | Signature (se | y Corcis | Signature | 7 | | |
| | | | | | | | | , | 7 | |
| | | | | | Action Appr | oved 🗀 App | proved w/Conc | dition | Denied | |
| | | | | | | | | | | |
| | | | | Signature | | | Dat | Date | | |
| Permit Taken By: | I - | oplied For: | | | Zonin | g Approva | ıl | | | |
| ldobson | 04/28 | 3/2006 | | | <u> </u> | | 1 | | | |
| I. This permit applica | | | Special Zone or Reviews | | ws Zon | zs Zoning Appeal | | Historic Prescryation | | |
| Applicant(s) from meeting applicable State and Federal Rules. | | | Shoreland | | ☐ Varian | ☐ Variance | | Not in District or Landmark | | |
| 2. Building permits do not include plumbing, septic or electrical work. | | | Wetland | | Misce | Miscellaneous | | Does Not Require Review | | |
| 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 | | | Flood Zone | | Condit | Conditional Use | | Requires Review | | |
| | | | Su | bdivision | [Interp | ☐ Interpretation ☐ Approved | | Approved w/Conditions Denied | | |
| | | | ☐ Sit | e Plan | Appro | | | | | |
| | | | Maj 5 | Minor MM | Denied | | | | | |
| | | | Date: | ×12-16 | Date: | | Date: | <i>-</i> . | ノ) | |
| | | | Jate. | 3/2/0 | Saite. | | | | | |
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| | | | | | | | | | | |
| | | | C | ERTIFICATI | ON | | | | | |
| I hereby certify that I am | | | | | | | | | | |
| I have been authorized by | | | | | | | | | | |
| jurisdiction. In addition, shall have the authority to | | | | | | | | | | |
| such permit. | o enter all al C | as covered by st | acii perii | iic ac any reasor | adic nour to child | ee the provis | on or the | ouv(o) ap | ppireaute w | |
| • | | | | | | | | | | |
| 0101117117 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| SIGNATURE OF APPLICANT | | | | ADDRESS | DATE | | | PHONE | | |
| | | | | | | | | | | |
| RESPONSIBLE PERSON IN | CHARGE OF W | ORK, TITLE | | | | DATE | | PHC | ONE | |



TXOKay

location
FILLIN AND SIGN WITH INK

APPLICATION FOR PERMIT PERMIT ISSUED HEATING OR POWER EQUIPMENT

| Location / CBL — JOSCH STEPHEN Name and address of owner of appliance — STEPHEN | Use of Building — Res — Date —4/24/06 1 (-1215WCLD) 1 ers what for the me outst 2 roles INC. | | | |
|---|---|--|--|--|
| | <u> </u> | | | |
| Location of appliance: Basement Floor &- | Type of Chimney: | | | |
| Attic O Roof | ☐ Masonry Lined | | | |
| Attic O Root | Factory built | | | |
| Type of Fuel: | | | | |
| Gas Oil Solid | Metal B-VENT | | | |
| a on a sond | Factory Built U.L. Listing # | | | |
| Appliance Name: / /ALOL | Direct Vent | | | |
| U.L. Approved D Yes O No | Type B- YEAST ULW MIA | | | |
| Will appliance be installed in accordance with the manufacture's installation instructions? d Yes No IF NO Explain: The Type of License of Installer: | Type of Fuel Tank Oil Gas Size of Tank Number of Tanks | | | |
| Master Plumber # | Number of fails | | | |
| Solid Fuel # | Distance from Tank to Center of Flame feet. | | | |
| | N and | | | |
| Oil # Gas # $\frac{10.78}{10.78}$ $\frac{10.78}{10.7}$ | Cost of Work: \$ 41,500 | | | |
| ☐ Other | Permit Fee: \$ | | | |
| Approved | Approved with Conditions | | | |
| Fire: | See attached letter or requirement | | | |

Signature of Installer William W. Sehs

Ele.: _____

Bldg.: __

Inspector's Signature

Date Approved

| City of Portland, Maine - Building or Use Permit Permit No: Date Applied For: | | | | | | | CBL: | | |
|--|--|---------|--|----------|----------|------------------------------|-------------|-----------------------------------|--|
| 389 Cor | ngress Street, 04101 | Tel: (| (207) 874-8703, Fax: (| 207) 874 | 1-8716 | 06-0606 | 04/28/2006 | 031 5002031 | |
| Location of Construction: Owner Name: | | | | | О | wner Address: | Phone: | | |
| 31 CHA | NDLERS WHARF | | GRISWOLD STEPHEN L & MAR | | | HEMLOCK CRE | | | |
| Business Name: | | | Contractor Name: Gelinas HVAC Services Inc. | | | ontractor Address: | Phone | | |
| | | | | | | 2 Washington Ave Scarborough | | (207) 885-0771 | |
| Lessee/Buyer's Name | | | Phone: | | - 1 | Permit Type: HVAC | | | |
| Proposed | Use: | | 1 |] | Proposed | Project Description: | | | |
| Condo - | Condo - install a Valor Gas B-vent Fireplace- first Floor - unit 301 install a Valor Gas B-vent Fireplace- first Floor | | | | | | | | |
| | | | | | | | | | |
| Dept: | Zoning St. | atus: A | Approved | Rev | iewer: | Marge Schmucka | Approval Da | ite: 05/02/2006 | |
| Note: | | | | | | | | Okto Issue: 🗹 | |
| Dept: Note: | - | | Approved with Condition the State of Maine Gas | | | Tammy Munson | Approval Da | nte: 05/12/2006 Ok to Issue: ✓ | |
| Dept: Note: | Fire Sta | atus: A | approved with Condition | s Rev | iewer: | Cptn Greg Cass | Approval Da | ote: 05/03/2006 Okto Issue: ✓ | |

1) Install shall comply with NFPA 58