City of Portland, N	Maine - Bui	lding or Use	Permi	t Application	Permit No:	Issue Date	e:	CBL:			
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87					03-0625	op pag	~-	038 F00	04001		
Location of Construction: Owner Name:		0		Owner Address:			Phone:				
241 Commercial St Slm Propertie		s Inc		241 Commercial St.							
Business Name:		Contractor Name:			Contractor Address: Phone						
		Portland Airconditioning, Inc.			205 Lincoln St. <b>S.</b> Portland 2077674567						
Lessee/Buyer's Name		Phone:			Permit Type: Zone:						
					HVAC				183		
Past Use: Proposed		Proposed Use:			Permit Fee: Cost of Work:			(CEO District:			
1		Mixed Use/ Commercial			\$30.00 \$30.0			0 1			
					FIRE DEPT:	Approved	INSPE	CTION:			
					ſ	Denied	Use Gr	oup:////	Type:		
					ι	Demed		/2	1/03		
								6/2			
Proposed Project Description:					VIV.						
Install Gas Heating System in Attic/Roof Area								gnature: (M)			
					PEDESTRIANACT	TVITIES DIST	FRICT (I	P.A.D.)	•		
					Action: Appro	oved App	proved w/	Conditions	Denied		
					Signature:			Date:			
Permit Taken By: Date Applied For:			1		1 -						
gad	_	1/2003			Zoning Approval						
8	00/0-	7 2003	Spe	cial Zone or Reviev	vs Zoni	ing Appeal		Historic Prese	ervation		
				oreland	☐ Variano	ce		Not in District	t or Landmark		
				etland	☐ Miscell	onoous		Does Not Req	mira Daviana		
			w	etianu	Miscell	aneous		Does Not Req	ulle Review		
			     Flo	ood Zone	Conditi	onal Use		Requires Revi	iew		
								resquires recvi			
				bdivision	☐ Interpre	etation		Approved			
			Site	e Plan	Approv	ed		Approved w/C	Conditions		
					_			1			
			Maj 🗌	Minor [ ]	Denied			Denied \	win wo		
			n	1/73	<u></u>		1	my	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
			Date:	6/16/1	late:		<u>)ā</u>	te: 16egm	10 h		
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								' (	ever		
			C	ERTIFICATIO	.NI						
I hereby certify that I am	the owner of a	record of the na				s authorized	by the c	wner of record	l and that		
I have been authorized by											
urisdiction. In addition,	if a permit for	work described	d in the a	application is iss	ued, I certify that	the code off	icial's at	uthorized repre	esentative		
shall have the authority to	o enter all area	is covered by su	ch perm	it at any reasona	ble hour to enforc	e the provis	sion of t	he code(s) app	licable to		
such permit.											
SIGNATURE OF APPLICANT				ADDRESS		DATE			PHONE		
RESPONSIBLE PERSON IN	DATE			PHONE							



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

	install the following heating, cooking or power equipment in
Location / CBL Onlon Stee  Name and address of owner of appliance Corrected St	
Installer's name and address Parland Arcondition  207 Lincoln St. S. Par	Telephone 207-767-456)
Location of appliance:  Basement O Floor Attic Roof	Type of Chimney:  Masonry Lined Factory built
Type of Fuel:  Gas  Oil  Solid  Appliance Name: Heatmaker 175  U.L. Approved X Yes \( \) No	Metal Factory Built U.L. Listing #
Will appliance be installed in accordance with the manufacture's installation instructions?   ✓ Yes   No  IF NO Explain:	Type of Fuel Tank  □ Oil  S Gas
The Type of License of Installer:    Master Plumber #   Solid Fuel #    Oil #    Gas # P \ 't 434   Other	Number of Tanks  Distance from Tank to Center of Flame feet.  Cost of Work: \$ 380 Fermit Fee: \$
Approved  Fire: UMM7  Ele.: Bldg.: MAC M	Approved with Conditions  ☐ See attached letter or requirement  ☐ Inspector's Signature Date Approved

Yellow - File Pink - Applicant's

Gold - Assessor's Copy

White - Inspection