



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

D

MAY 23 2005

CITY OF PORTLAND

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 45 York St Use of Building Office/comm Date 4/11/05
Name and address of owner of appliance Whitney Ann Works
45 York St. Portland
Installer's name and address Air-temp 11 Wallace Ave.
S. Portland ME 04106 Telephone _____

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name: York

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 # PNT 1199
 Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
 Metal
Factory Built U.L. Listing # _____
 Direct Vent
Type _____ UL# _____

PVC. 90% Eff. Furnace

Type of Fuel Tank

- Oil
 Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$2,800

Permit Fee: \$48.00

Approved

Approved with Conditions

Fire: _____
Ele.: _____
Bldg.: _____

See attached letter or requirement

Signature of Installer [Signature]

50762

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0480	Issue Date:	CBL: 040 D001001
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Location of Construction: 20 Danforth St	Owner Name: Brown J B & Sons	Owner Address: Po Box 207	Phone:
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Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone: 12077742300
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Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:
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Past Use: Commercial	Proposed Use: Commercial install a York furnace	Permit Fee: \$48.00	Cost of Work: \$2,800.00	CEO District: I
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>Per J Kelly</i>	INSPECTION: Use Group: <i>U</i> Type <i>Heating</i> <i>IMC 2003</i> Signature: <i>[Signature]</i>
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Signature:		Signature:	
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: 04/27/2005	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"/> Sh land <input type="checkbox"/> <input type="checkbox"/> Flood Zo <input type="checkbox"/> Sub vision <input type="checkbox"/> Site Pl n Maj M or <input type="checkbox"/> MM <input type="checkbox"/> >ate:	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"/> Denied >ate:	Historic Preservation <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:
	[Handwritten signatures and marks over the checkboxes in the previous row]		

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

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Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone: (207) 774-2300
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Commercial install a York furnace	Proposed Project Description: Install a York furnace
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Dept: Zoning Status: Not Applicable Reviewer: Approval Date: Ok to Issue:

Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 05/17/2005 Ok to Issue:

1) Installation shall comply with 2003 International Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules

Dept: Fire Status: Approved Reviewer: Jay Kelley Approval Date: 05/13/2005 Ok to Issue:

1) Install to mgfr recommendations

