

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 20 Danforth St - 3rd flr		Owner: J B Brown & Sas		Phone:		Permit No: 960584	
Owner Address: 400 Congress St - Ptld ME		Leasee/Buyer's Name:		Phone:	BusinessName:	<b>PERMIT ISSUED</b> Permit Issued: JUN 19 1996 <b>CITY OF PORTLAND</b>	
Contractor Name: Maine Air Conditioning Co		Address: 93 Warren Ave- Ptld ME 04101		Phone: 797-7417			
Past Use: office bldg		Proposed Use: office bldg w HVAC syst		COST OF WORK: \$ 3800 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: [Signature] PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: [Signature] Date: [Date]			PERMIT FEE: \$ 65 INSPECTION: Use Group: Type: BOCA 93 Signature: [Signature]
Proposed Project Description: Install HVAC syst - 3rd flr							Zone: CBL: 040 D 001 Zoning Approval: <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"/>
Permit Taken By: L Chase		Date Applied For: 6/3/96				<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  <b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review  <b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied  Date: _____	

**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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:	

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

2

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

June 7, 1996

Maine Air Conditioning Company  
93 Warren Avenue  
Portland, Maine 04103

RE: 20 Danforth Street  
3rd Floor

Dear Sir,

Your application to install an HVAC System on the 3rd floor has been reviewed and a permit is herewith issued subject to the requirements listed below. This permit does not excuse the applicant from meeting applicable State and Federal laws.

### Building Code Requirements

1. This permit is being issued with the understanding that the floor system has the capability to carry the extra dead load.
2. If any fire or party wall are penetrated, they must be repaired with the same fire rating as the wall.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,



P. Samuel Hoffses  
Chief, Code Enforcement Division

cc: Lt. McDougall, PFD



# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	20-36 Danforth St.

## PROPERTY OWNERS NAME

Last:	Brown	First:	J B
Applicant Name:	John Bellino		
Mailing Address of Owner/Applicant (If Different)	980 Riverside St. Port ME 04103		

PORTLAND		5761	TOWN COPY
Date Permit Issued:	08/14/96	\$	20 FEE
Local Plumbing Inspector Signature		L.P.I. #	0134

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant

Date

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

### This Application is for

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

### Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER - SPECIFY Commercial

### Plumbing To Be Installed By:

1. ☐ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 024151

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.			Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.			Water Treatment Softener, Filter, etc.		Clothes Washer
			Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
Number of Hook-Ups & Relocations			Other: _____		Water Heater
\$	Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				1	Fixtures (Subtotal) Column 2
			5	Total Fixtures	
			\$ 20	Fixture Fee	
			\$ 20	Hook-Up & Relocation Fee	
			\$ 40	Permit Fee (Total)	