

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-1379	Issue Date:	CBL: 044 B023001
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Location of Construction: 41 State St	Owner Name: Casco Terrace Lp	Owner Address: One Longfellow Sq	Phone:
Business Name: NA	Contractor Name: Pine State Plumbing & Heating	Contractor Address: PO Box 6308 Scarborough	Phone 2078831200
Lessee/Buyer's Name NA	Phone: NA	Permit Type: HVAC	Zone: C29

Past Use: Commercial/ Warehouse	Proposed Use: Install Gas heating system in Basement	Permit Fee: \$696.00	Cost of Work: \$75,000.00	CEO District: 2
Proposed Project Description: Install Gas heating system in Basement		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: 22 Type: 5A 11/19/03 Signature: [Signature] 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: Idobson	Date Applied For: 10/31/2003	Zoning Approval		
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"/> 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: 11/13/03	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 Date:	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 Any exterior work requires SA Date: 11/13/03

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

03-1379



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

044 B 023

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 CASCO TERRACE Use of Building ARTS. Date 10-21-03

Name and address of owner of appliance CASCO TERRACE 41 STATE ST. PORTLAND

Installer's name and address PINE STATE P&H
5 INDUSTRY RD. SO. PORTLAND Telephone 321-2262

Location of appliance:

- ☒ Basement ☐ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☒ Gas ☐ Oil ☐ Solid

Appliance Name: PATTERSON KELLY MODEL SN-1000

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 1197
☐ 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: \$ 75,000.00

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

96.00

Approved

Fire: 10/21/03

Ele.: _____

Bldg.: _____

Signature of Installer Tennant L. Davis

067 3 1 2003 Approved with Conditions

☐ See attached letter or requirement

Inspector's Signature

Date Approved

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

10/22/03

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

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 Inspectors 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

- ☒ NEW PLUMBING
- ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

- ☐ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☒ MULTIPLE FAMILY DWELLING
- ☐ OTHER - SPECIFY _____

Plumbing To Be Installed By:

- ☒ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Number

Column 2 Type of Fixture

- | | |
|--|--|
| | Hosebibb / Sillcock |
| | Floor Drain |
| | Urinal |
| | Drinking Fountain |
| | Indirect Waste |
| | Water Treatment Softener, Filter, etc. |
| | Grease / Oil Separator |
| | Dental Cuspidor |
| | Bidet |
| | Other: _____ |
| | Fixtures (Subtotal)
Column 2 |

Number

Column 1 Type of Fixture

- | | |
|-----|---------------------------------|
| | Bathtub (and Shower) |
| | Shower (Separate) |
| | Sink |
| | Wash Basin |
| | Water Closet (Toilet) |
| | Clothes Washer |
| | Dish Washer |
| | Garbage Disposal |
| | Laundry Tub |
| | Water Heater |
| | Fixtures (Subtotal)
Column 1 |
| | Fixtures (Subtotal)
Column 2 |
| 159 | Total Fixtures |
| | Fixture Fee |
| | Transfer Fee |
| | Hook-Up & Relocation Fee |
| | Permit Fee
(Total) |

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE