			PERMIT ISS	SUED		
,	<b>Iaine - Building or Use</b> 04101 Tel: (207) 874-870		0000000	CBL: 045 E011001		
ocation of Construction: Owner Name:			Owner Address: Phone:			
92 Winter St	Morris Walte		219 S Jackson SF POD	TIAND		
Business Name: Contractor Name			Contractor Aldress: 101	Phone		
		ibing and Heating	158 St. John St Portland	2077747849		
Lessee/Buyer's Name Phone:			Permit Type: HVAC	Zone:		
'astUse:	Proposed Use:		Permit Fee: Cost of Work: CEO District:			
Single Family	Single Family	<i>!</i>	\$30.00	\$30.00   3		
roposed Project Description: [Install in Basement a CG1.5 Boiler Vent/Direct Vent		•	FIRE DEPT:  Approve  Signature:	INSPECTION: Use Group: Heart Type: Signature:		
mistan in Basement a C	G1.5 Boner venublicet ven	•	PEDESTRIANACTIVITIES I	:		
			Action: Approved	Approved w/Conditions Denied		
			Signature:	Date:		
'ermit Taken By:	Date Applied For:		Zoning Approval			
gg	06/12/2002			Trick in the control of the control		
	ation does not preclude the meeting applicable State and	Special Zone or Revie	ws Zoning Appeal  Variance	Historic Preservation  Not in District or Landma		
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Wetland	Miscellaneous 1	Does Not Require Review		
within six (6) mont	re void if work is not started hs of the date of issuance.	☐ Flood Zone	Conditional Use	Requires Review		
False information may invalidate a building permit and stop all work		Subdivision	Interpretation	Approved		
		Site Han	Approved	Approved w/Conditions		
		Maj Minor MM	Denied	_ Denied		
		Date:	Date:	Date: 6/14/00		
				/ /		
		CERTIFICATION	ON			
I have been authorized by jurisdiction. In addition	by the owner to make this app , if a permit for work describe	amed property, or that the lication as his authorized and in the application is is	ne proposed work is authori I agent and I agree to confo ssued, I certify that the code	zed by the owner of record and that rm to all applicable laws of this e official's authorized representative rovision of the code(s) applicable to		
SIGNATURE OF APPLICAL	NT	ADDRES:	S DA	ATE PHONE		
RESPONSIBLE PERSON IN	CHARGE OF WORK, TITLE		DA	ATE PHONE		

## FILL N AND SIGN WITH INK



**Signature of Installer** 

## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



045 É 01

	To the INSPEC	CTOR OF	BUILD	DINGS, P	ORTLAND,	ME
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The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws & Maine, the Building Code & the City & Portland, and the following specifications:

Location <u>JJ (UNTILR ST PORTLIN</u> OSE Name and address of owner of appliance <u>(JALT) 1</u>	of Building
installer's name and address SUNYNIES PLUMBING	12 Mil. Telephone 2742819
Location of appliance:  Basement	Type of Chimney:  Masonry Lined Factory built
Type of Fuel:  Gas □ Oil □ Solid	☐ Metal Factory Built U.L. Listing #
Appliance Name:  U.L. Approved Yes No  Will appliance be installed in accordance with the manufacture's installation instructions? Yes No	Direct Vent  Type 66-1.5 UL#  COEL MCKAIN BOILIER VINGT B  Type of Fuel Tank MANUFACTOR  Oil  Gas
The Type of License of Installer:  Master Plumber #  Solid Fuel #  Oil #  Gas#	Number of Tanks  Number of Tanks  Distance from Tank to Center of Flame  # 30.00
Approved           Fire:	Approved with Conditions  See attached letter operations
Bldg.:	JINI!

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

White - Inspection

11-9-5/

M 100 25/1) - Josephen mythe - 10/11/11