City of Doutland Maine Du	ilding on Use	Davanit Annliaatia	Per	rmit No:		I ISSU	ED <sub>CBL:</sub>	
<b>City of Portland, Maine - Bu</b> 389 Congress Street, 04101 Tel:	0	• •		08-11326	<b>T</b>		051 BD0	07001
Location of Construction:	Owner Name:			r Address:	OCT 2	2 1 200	<sup>^</sup> Phone:	
21 Deane St	Bell Gregory B &			Weymouth			207-657-4	228
Business Name:		Contractor Name:		Contractor Address			Phone	
	Dean Hanscor	Dean Hanscom Heating		5 Sunset Drive GayY OF PORTL			N 20765742	28
Lessee/Buyer's Name			Permit Type:					Zone:
			HV	AC				RS
Past Use:	se: Proposed Use:		Permit Fee: Cost of Work: CEO District:				7	
two family dwelling	Install Direct	Install Direct Vent Rinnai Heating		\$50.00	\$2,7	00.00	3	
System			FIRE	DEPT:	Approved		$\frac{FION:}{10}  \mathcal{R}_{3}$ $IP: \mathcal{R}_{3}$ $FMC  200$ $\mathcal{R}_{5}  C  200$ $\mathcal{R}_{5}  C  200$	15
Proposed Project Description:			1				NE COR	DOCN
Install Direct Vent Rinnai Heating S	System					Signature		
			PEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Actio	n: 🗌 Appr	roved 🗌 Ap	proved w/C	onditions	Denied
			Signa	ture:		1	Date:	
Permit Taken By: Date Applied For:				Zonin	g Approv	al		
gg 10/2	21/2008							
1. This permit application does not preclude the		Special Zone or Revie	ews	Zoi	ning Appeal		Historic Prese	ervation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland				6	Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		l.	Does Not Require Review	
<ol> <li>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</li> </ol>				Conditional Use			Requires Review	
				Interpretation			Approved	
		Site Plan		Аррго	wed		Approved w/0	Conditions
		Maj 🗌 Minor 🗌 MM	[	Denie	d		Denied	
		Date: Jan 10/2	1/08	Date:		Dat	e: J~ 10/	21/08
SCA	NN	-D						

## 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

CK-mitche per manningtone balle distance for should refuse 2-15-05 coper live to the product of the a small have the will cater? matalies to repare to the

	CIURC		PORTLAND, MAINE t of Building Inspection	1		
		Certificate				
N.	TIATIS POP	LOCATION	3 GRAY ST	<b>CBL</b> 044 H004002		
Issued to	Irish Herita	ge Center /Consigli Construction	Date of Issu	e 10/07/2008		
This is	to certify	g that the building, premises, or	part thereof, at the at	pove location, built — altered		
substantially occupancy o	to requirem or use, limited	er Building Permit No. 08-052 nents of Zoning Ordinance and B d or otherwise, as indicated below <u>UILDING OR PREMISES</u>	uilding Code of the Cit	on, has been found to conform ty, and is hereby approved for D OCCUPANCY		
First Floo		r	Use Group: A3 Type: 3B IBC, 2003			
Limiting Con		This is a temporary C of O that expi installed. The occupancy load shall i	res on the earlier of 01/0 not exceed 299 with crow	1/09 or until an approved fire alarm system d managers in-place during occupancy.		
This certifica certificate iss		25 				
Approved:				and a second s		
(Date)	Insp	ector	Inspe	ctor of Buildings		
	/ () - 277 o	Notice: This certificate identifies lawful use of building where to owner when property changes hands. Copy wi	•			

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Fill IN AND	Sign with Ink
	I FOR PERMIT WER EQUIPMENT
accordance with the Laws of Maine, the Building Code of the	
	_ Use of Building 2 family residentil Date 10/16/08 avic Days 153 Weymuth Road Erry Maim 04039
Installer's name and address <u>Dem Howcom</u> Jeanning 5 SUNSET UNEW Caray, ME	<u></u>
Location of appliance: Basement Attic Roof	Type of Chimney: <ul> <li>Masonry Lined</li> <li>Factory built</li></ul>
Type of Fuel:	Metal Factory Built U.L. Listing #
Appliance Name: Rinnal U.L. Approved X Yes D No	Direct Vent Type UL# <u></u>
Will appliance be installed in accordance with the manufacture's installation instructions?  X Yes  No	Type of Fuel Tank N/A Carthhum Oil Gas
IF <u>NO</u> Explain:	Size of Tank
The Type of License of Installer: <ul> <li>Master Plumber #</li> <li>Solid Fuel #</li> </ul>	Number of Tanks
$\square \text{ oil } \# \text{MS} = 30008702$ $\square \text{ Gas } \# \text{A} \text{T} \frac{4475}{4475}$ $\square \text{ Other}$	Distance from Tank to Center of Flame feet.         Cost of Work:       \$         Permit Fee:       \$
Approved           Fire:	Approved with Conditions See attached letter or requirement
Bldg.: Bignature of Installer	Inspector's Signature Date Approved
White - Inspection Yellow - File P	ink - Applicant's Gold - Assessor's Copy

1.2.5