

**City of Portland, Maine - Building or Use Permit Application**

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

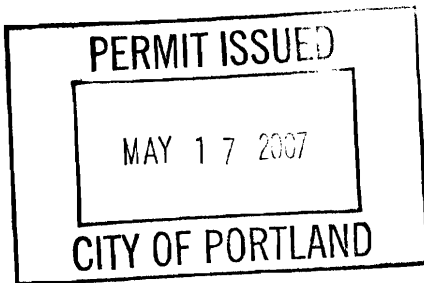
Permit No: 07-0558	Issue Date:	CBL: 053 B031001
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Location of Construction: 165 GRANT ST	Owner Name: BACK BAY PROPERTIES LLC	Owner Address: 878 NORTH RD	Phone:
Business Name:	Contractor Name: Bob Miles & Son, Inc.	Contractor Address: RR 2, Box 509A Yarmouth	Phone 2078469374
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Single Family Install a Quietside Direct Vent gas furnace	Permit Fee: \$80.00	Cost of Work: \$6,000.00	CEO District: 2
Proposed Project Description: Install a Quietside Direct Vent gas furnace		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Q-3</i> Type: <i>SB</i> <i>JMC-2003</i>	
		Signature:	Signature: <i>5/17/02 CLM</i>	
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: 05/14/2007	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <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>	<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 <i>O.K.</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/17/02 CLM</i>	<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 Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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: _____
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**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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<b>Location of Construction:</b> 165 GRANT ST	<b>Owner Name:</b> BACK BAY PROPERTIES LLC	<b>Owner Address:</b> 878 NORTH RD	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Bob Miles & Son, Inc.	<b>Contractor Address:</b> RR 2, Box 509A Yarmouth	<b>Phone:</b> (207) 846-9374
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Single Family Install a Quietside Direct Vent gas furnace	<b>Proposed Project Description:</b> Install a Quietside Direct Vent gas furnace
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Chris Hanson      **Approval Date:** 05/17/2007  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Chris Hanson      **Approval Date:** 05/17/2007  
**Note:**      **Ok to Issue:**

- 1) The appliance shall be installed in accordance with the IMC 2003 and NFPA 211
- 2) The heating appliance/stove shall be installed, maintained and operated in accordance with the terms of the listing.
- 3) Maintain proper setback(s) from property lines/buildings and proper clearances from verticle openings when direct venting.
- 4) The installation must comply with the State of Maine Gas Regulations.

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<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

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FILL IN AND SIGN WITH INK

53 B 031

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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 / CBL 165 GRANT ST Use of Building TWO CONDOS Date 5.10.07

Name and address of owner of appliance BACK BAY PROPERTIES/SANDERSONS  
878 NORTH RD, YARMOUTH

Installer's name and address BOB MILES | INSPECTOR: ROY ~~CORRIGAN~~ CARIGNAN  
1102 US RTE 1, FREEPORT | 25 HAVEN RD WINDHAM Telephone 892-8488

**Location of appliance:**

- Basement
- Attic
- Floor
- Roof

**Type of Fuel:**

- Gas
- Oil
- Solid

Appliance Name: ~~XXXXXXXXXX~~ QuietSide Direct Vent

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

Inspector - ROY F. GARIGNAN

**The Type of License of Installer:**

- Master Plumber # 2395
- Solid Fuel # \_\_\_\_\_
- Oil # \_\_\_\_\_
- Gas # \_\_\_\_\_
- Other \_\_\_\_\_

**Type of Chimney:**

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

**Type of Fuel Tank** city gas

- Oil
- Gas

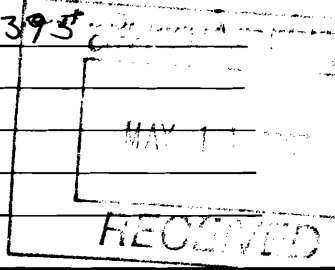
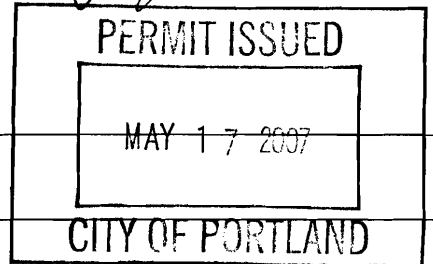
Size of Tank \_\_\_\_\_

Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ 6,000

Permit Fee: \$ 80.00



**Approved**

**Approved with Conditions**

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

See attached letter or requirement

inspected By [Signature]  
Signature of Installer [Signature]

Inspector's Signature [Signature]

Date Approved \_\_\_\_\_

White - Inspection    Yellow - File    Pink - Applicant's    Gold - Assessor's Copy

#21892