

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that ST APTS PARTNERSHIP» SPRING

Located At 291 SPRING

Job ID: 2011-07-1757-HVAC

CBL: 056 - - G - 010 - 001 - - - -

has permission to Install 10 monitor heaters

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-07-1757-HVAC

Located At: 291 SPRING

CBL: 056 - - G - 010 - 001 - - - -

Conditions of Approval:

Zoning

1. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
2. This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. without special approvals.
3. This property shall remain a nine family dwelling. Any change of use shall require a separate permit application for review and approval.

Fire

Installation shall comply with City Code Chapter 10.

Fuel-fired boilers shall be protected in accordance with NFPA 101, *Life Safety Code*.

Installation shall comply with NFPA 211, *Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances*; NFPA 54, *National Fuel Gas Code*; NFPA 70, *National Electrical Code*; and the manufacturer's published instructions.

Building

The installation must comply with the State of Maine gas regulations.

Vent locations must meet all State standards.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-07-1757-HVAC	Date Applied: 7/21/2011	CBL: 056 - - G - 010 - 001 - - - -	
Location of Construction: 291 SPRING STREET	Owner Name: SPRING ST APTS PARTNERSHIP - Gary Sidelinger	Owner Address: 15 HEMLOCK DR CUMBERLAND CTR, ME - MAINE 04021	Phone: 797-4549
Business Name:	Contractor Name: Timothy Caiazzo	Contractor Address: 804 Ocean Ave, Portland, ME	Phone: 831-2432
Lessee/Buyer's Name:	Phone:	Permit Type: HVAC	Zone: R-6
Past Use: 9 residential dwelling units	Proposed Use: Same: 9 residential dwelling units - to install 10 monitor heaters	Cost of Work: \$7,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type: HVAC
Proposed Project Description: Install 10 Monitors		Signature: Bjelande (58) [Signature] [Signature]	
Permit Taken By: Gayle		Pedestrian Activities District (P.A.D.)	
		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"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: 7/28/11	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 within <input type="checkbox"/> Not in Dist 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 Date: Any exterior work requires a separate review & approval
	CERTIFICATION		

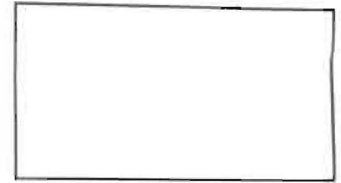
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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	PHON	



2011 07 17 57 7/21/11
FILL IN AND SIGN WITH INK

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 291 SPRING ST Use of Building APTS MULTI Date 7-21-11
Name and address of owner of appliance GARY SIDCLINGER SIDCLINGER APT
1500 FOREST AVE 04101
Installer's name and address TIMOTHY CAIAZZO
804 OCEAN AVE PORT. 831 2432 Telephone 797-4549 OFFICE

Location of appliance:

- ☒ Basement ☒ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☐ Gas ☐ Oil ☐ Solid

Appliance Name: MONITOR - GF1800

U.L. Approved ☒ Yes ☐ No

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

IF NO Explain: JUL 21 2011

Dept. of Building Inspections
City of Portland Maine

The Type of License of Installer:

- ☐ Master Plumber # _____
☐ Solid Fuel # _____
☐ Oil # _____
☒ Gas # PNT 3429
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined
Factory built _____
☐ Metal
Factory Built U.L. Listing # _____
☒ Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- NONE
☐ Oil 3 FLOORS 3 UNITS
☐ Gas PER FLOOR 1 IN
TOTAL 3 UNITS BASMENT
9 DU - 10 mm unit

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 7000.00

Permit Fee: \$ 90.00

HP 50.00 140.00

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- ☐ See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer JW 7-21-11

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

Projects in Historic Districts

Has anyone
seen?
Jaw

If your project affects a property located within a designated historic district, please provide the following supplemental information, *as applicable to your project*. Keep in mind that the information you provide Historic Preservation staff is the only description they will have of your project or design. Therefore, it should precisely illustrate the proposed alteration(s).

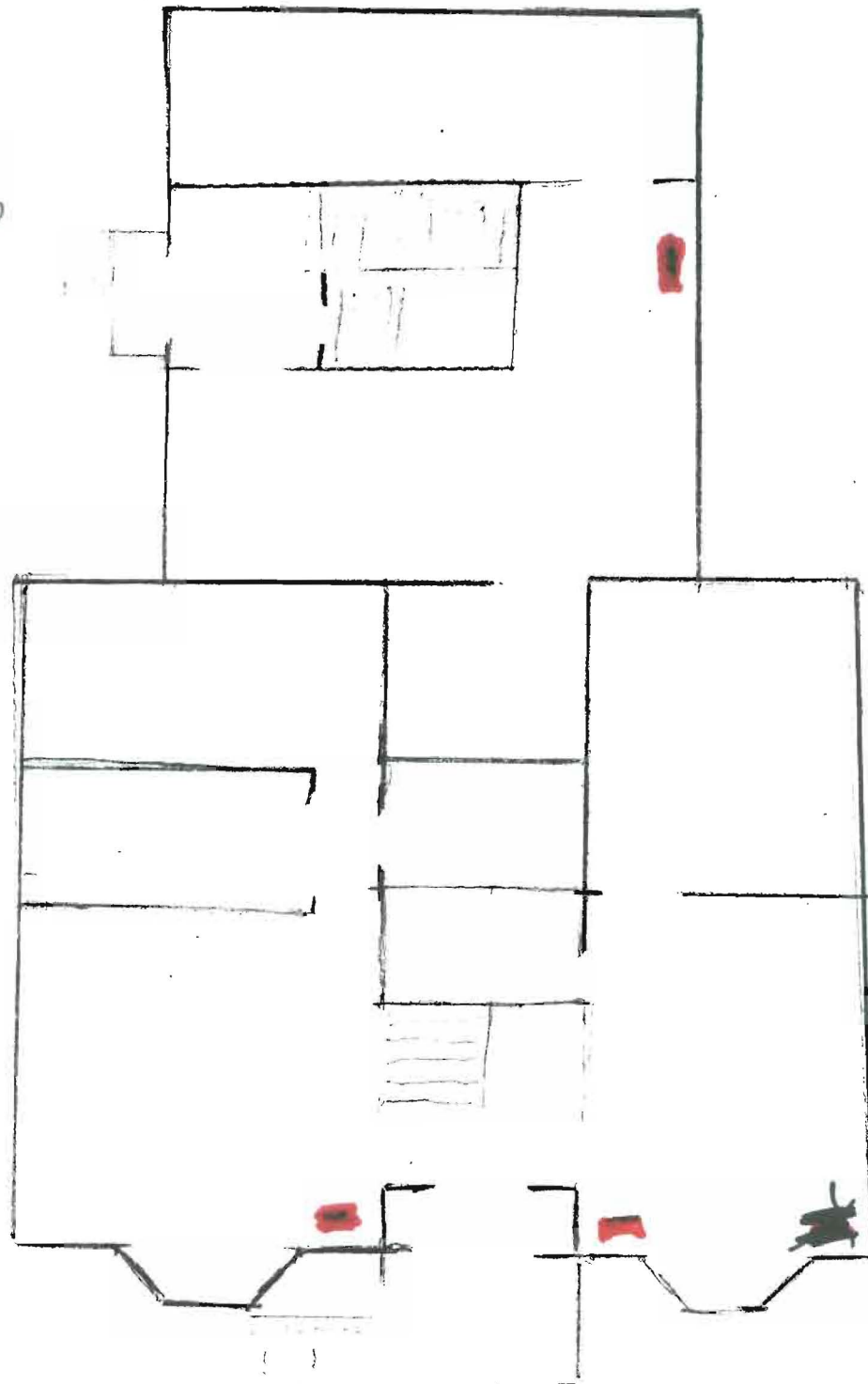
- ☒ Exterior photographs (required for all applications.) Include general streetscape view, view of entire building & close-ups of affected area.
- ☒ Sketches or elevation drawings at a minimum 1/4" scale. Please label relevant dimensions. 11" x 17" plans are recommended for legibility.
- ☒ Details or sections, where applicable.
- ☒ Floor plans, where applicable.
- ☒ Site plan showing relative location of adjoining structures.
- ☒ Catalog cuts or product information (e.g. proposed windows, doors, lighting fixtures)
- ☐ Materials - list all visible exterior materials. Samples are helpful.

Other(explain) INSTALLING MONITOR VENTED HEATERS

If you have any questions or need assistance in completing this form, please contact Historic Preservation staff: Deb Andrews (874-8726) or by e-mail at dga@portlandmaine.gov

1st Floor
291 SPRING ST.

HEATER
LOCATION



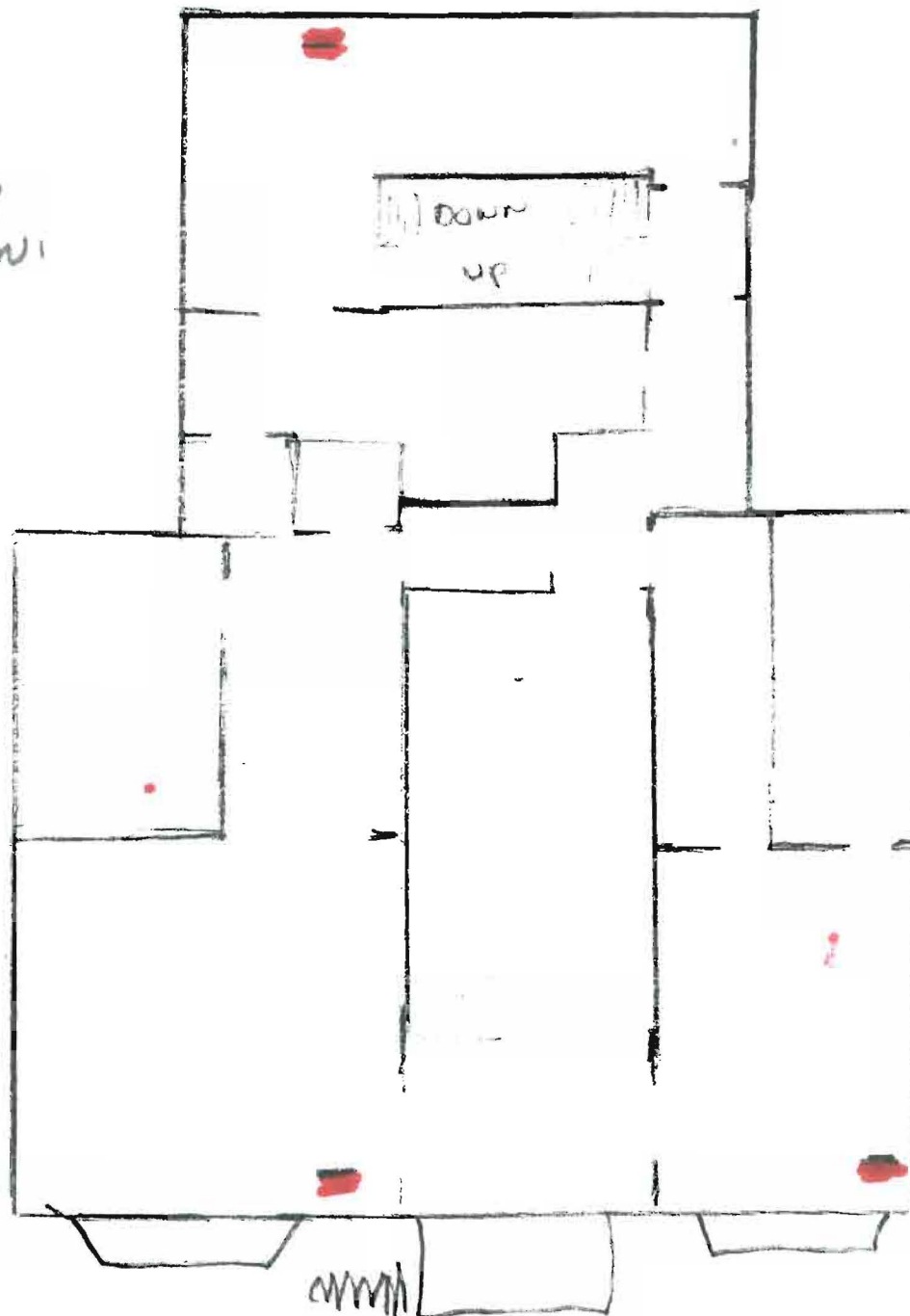
STAGED

056 G010

1 2ND

2ND FLOOR
291 SPRING

HEATER
LOCATION

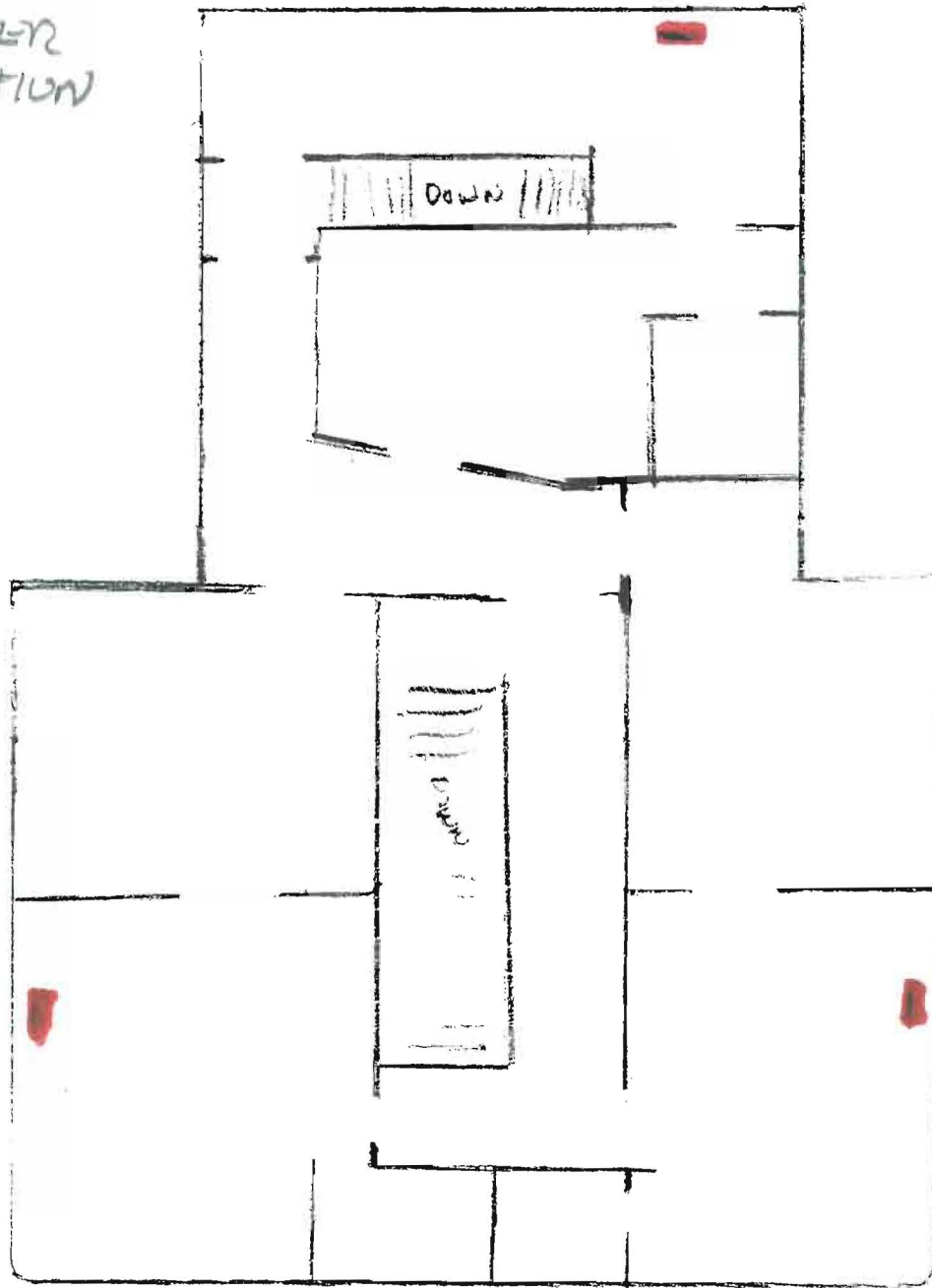


FRONT

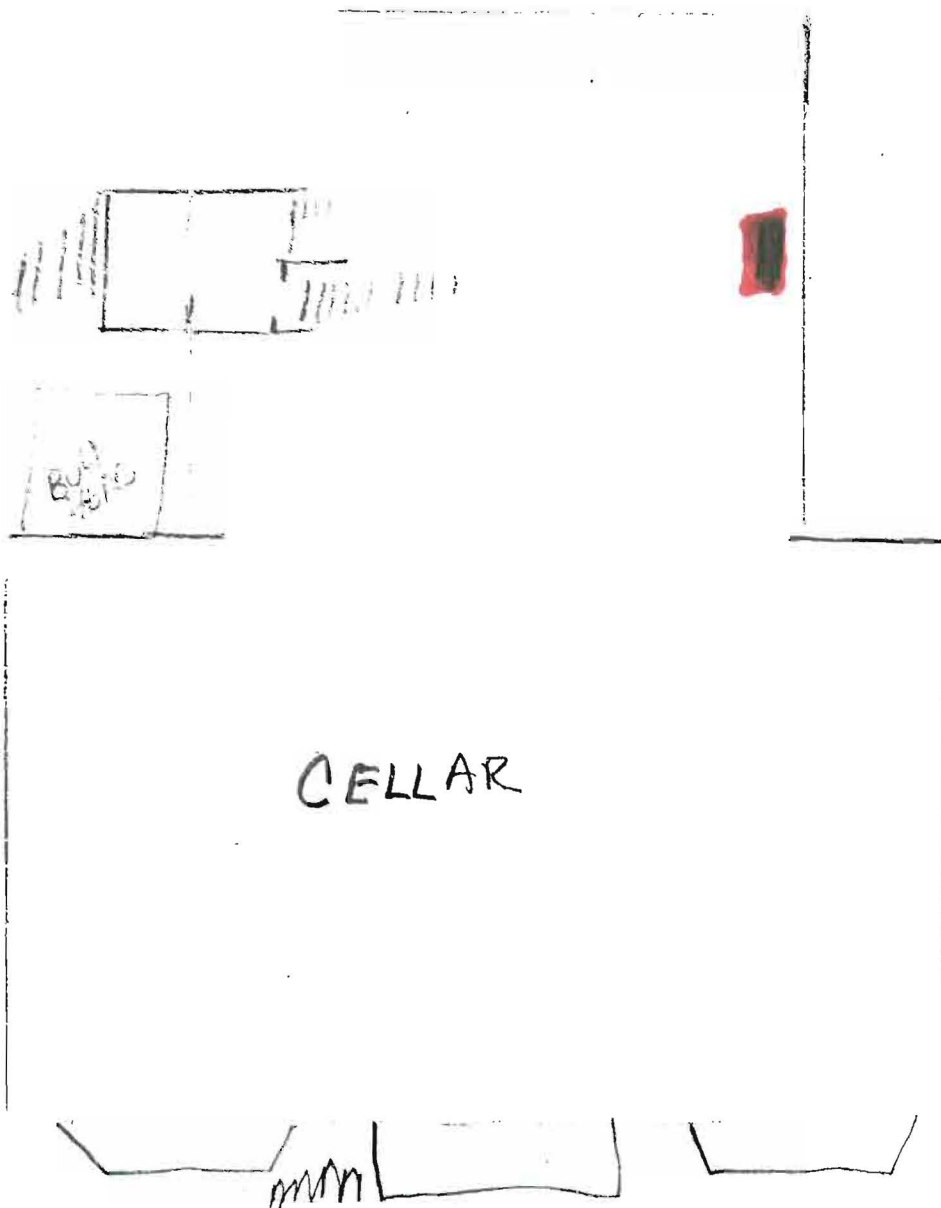
3R

3RD FLOOR
291 SPRING ST

HEATER
LOCATION



FRONT



CELLAR

FRONT

291 Spring St

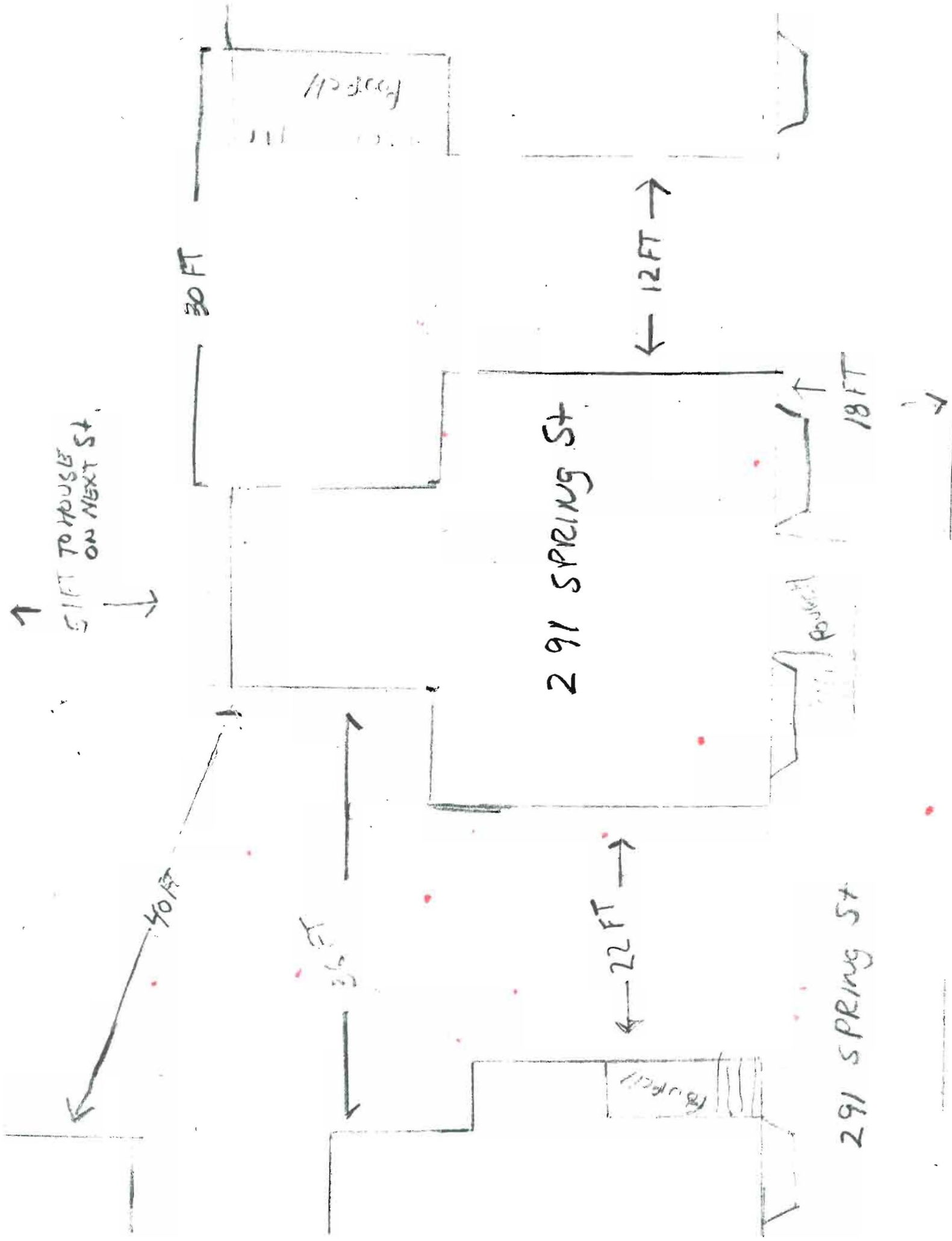


Type
of
VENT



#10 → TOTAL VENT PIPE LOCATION
 ■ ERROR





291 SPRING ST

291 SPRING ST

Garage

Backyard

51 FT TO HOUSE ON NEXT ST.

40 FT

36 FT

22 FT

12 FT

18 FT

30 FT



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

July 20

Received from Trinity Landscaping

Location of Work 199 Spring St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 142.00

Building (IL) ☒ Plumbing (IS) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 056-6010

Check #: 142.00 Total Collected \$ 142.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy