

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

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

**PERMIT ISSUED**

Permit No: 02-0348	Issue Date: 2002	CBL: 064 D001001
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Location of Construction: 269 St John St	Owner Name: Tran Monica R & Don V Jts	Owner Address: 531 Westbrook St	Phone: CITY OF PORTLAND
Business Name:	Contractor Name: Northeast Plumbing & Heating	Contractor Address: P.O. Box 2004 Lewiston	Phone: 2077860019
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: B-2

Past Use: Commercial/Retail	Proposed Use: Commercial/Retail	Permit Fee: \$120.00	Cost of Work: \$120.00	CEO District: 3
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Heating</i> Type:
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

**Proposed Project Description:**  
Install 3 Gas Heating Systems with Direct Vent in Attic Space and 1 System on Roof area.

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gad	Date Applied For: 05/21/2002	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>5/20/02</i></p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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 \_\_\_\_\_

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

## PERMIT

Permit Number: 020548

This is to certify that Tran Monica R & Don V Jts/theast Heating & Heating  
has permission to Install 3 Gas Heating System with Direct Vent in Attic Space and 1 System on Roof area.  
AT 269 St John St 064 D001001

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 buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is laid out or closed-in.  
**48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. *C. H. M. J.*  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

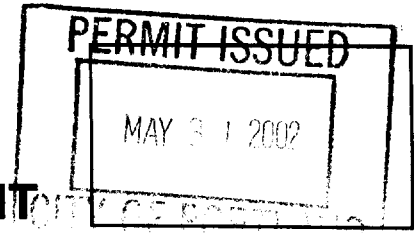
  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



064-D-001

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 269 St. John St. Use of Building Commercial Date 5/21/02

Name and address of owner of appliance DON TRCAN

Installer's name and address Bobox 2004 Lewiston Telephone 786-0019

**Location of appliance:**

Basement       Floor  
 Attic             Roof

**Type of Fuel:**

Gas       Oil       Solid

**Appliance Name:** Bryant

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 # 982  
 Gas # \_\_\_\_\_  
 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.

\$30.00

**Approved**

Fire: stuy  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

**Signature of Installer** [Signature]

**Approved with Conditions**

See attached letter or requirement



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED  
MAY 31 2002  
CITY OF PORTLAND  
064-0-001

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 2609 St John St Use of Building Comm. Date 5/21/02  
 Name and address of owner of appliance Don Fran

Installer's name and address Ron Theriault PO Box 2009 Lewiston ME 04241  
 Telephone 786-0019

**Location of appliance:**

- Basement
- Attic
- Floor
- Roof

**Type of Fuel:**

- Gas
- Oil
- Solid

Appliance Name: Bryant  
 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 # 982
- Gas # \_\_\_\_\_
- 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.

\$30.00

**Approved**

**Approved with Conditions**

Fire: UHM  
 Ele.: \_\_\_\_\_  
 Bldg.: \_\_\_\_\_

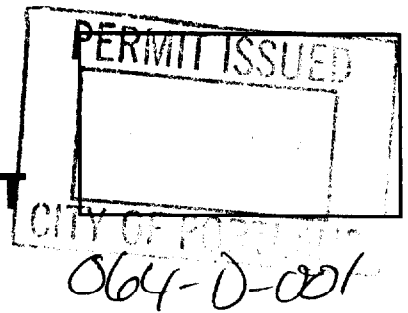
See attached letter or requirement

Signature of Installer Ron Theriault



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 269 ST John Use of Building Comm. Date 5/21/02  
Name and address of owner of appliance Don Tran

Installer's name and address Bon Theriault  
PO Box 2004 Lewiston 04241 Telephone 786-0019

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Bryant

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 # 982
- 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.

\$30.00

### Approved

### Approved with Conditions

Fire: [Signature]

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

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

See attached letter or requirement

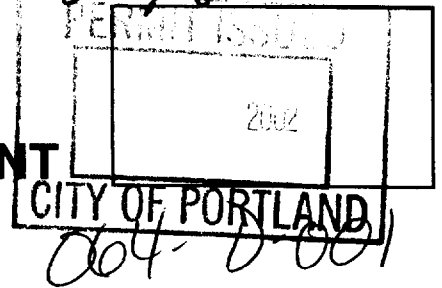
Signature of Installer [Signature]



FILL IN AND SIGN WITH INK

02-0548

# 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 269- ~~265~~ St. John St Use of Building Commercial Date 5/21/02

Name and address of owner of appliance Don + Monica TRAN

Installer's name and address Robert Lewis Telephone 786-0019

**Location of appliance:**

Basement       Floor  
 Attic             Roof

**Type of Fuel:**

Gas       Oil       Solid

**Appliance Name:** Bryant

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 # 982  
 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.

30.00

**Approved**

Fire: \_\_\_\_\_  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

Signature of Installer \_\_\_\_\_

**Approved with Conditions**

See attached letter or requirement