ocation of Construction:	Owner Name:	3, Fax: (207) 874-8716	Owner Address:		Phone:	
205 St John St	Sylvester Dan		205 St John St	FEB 2 2	2005	1
Business Name:	Contractor Name		Contractor Address:		Phone	1
		mbing & Heating	PO Box 6308 Sca	arberough - 5	DT 3003122	6
essee/Buyer's Name	Phone:		Permit Type:	CITY OF TY	JRILAND	Zone:
			HVAC			82
ast Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	1
Commercial	install replace	ment boiler in	\$156.00	\$15,000.00	2	
		Veil Mclain boiler and	FIRE DEPT:	Approved INSP	PECTION:	1/
	install 3-100	pd propane tanks	, / -	Denied Use	Group: U	Type: Hes
			1/7	<b>7/</b> 1	110	p.
			$\Lambda / I$	A 15	state cras	FIGS
Proposed Project Description:	. (777.113.6.1.1	1.77		' '   '	~ 1	V
install replacement boller i 100 pd propane tanks	n basement w/ Weil Mclair		Signature: PEDESTRIAN ACT		ature:	
100 pa propiane taliks			PEDESI KIAN ACT			
			Action: Appro	ved Approved	w/Conditions	Deniell
			Signature:		Date:	
ermit Taken By:	Date Applied For:		Zoning	Approval		
ldobson	02/14/2005		206	, PP		
I. This permit applicatio	n does not preclude the	Special Zone or Review	vs Zoni	ng Appeal	Historic Pres	ervation
	eting applicable State and	Shoreland	☐ Varianc	e	Not in Distric	t or Landma
2. Building permits do no		☐ Welland	☐ Misdella	areous	DoceWot Rec	pure Review
	oid if work is not started	Flood Zone	☐ Conditi	prizal Use	Requires Rev	lew
within six (6) months of False information may		☐ Stativision	☐ Interpre	jation.	☐ Approved	
	ork				1/	
permit and stop all wo		Site Plan	☐ Approv	ed l	Approved w/	Conditions
permit and stop all wo	•		1			
permit and stop all wo		Maj  Minor  MM	Denied		Denied	

#### **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
<u>,</u>			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

•		ilding or Use Permi (207) 874-8703, Fax:		Permit No: 05-0162	<b>Date Applied For:</b> 02/14/2005	CBL: 064 F010001
Location of Construction:		Owner Name:		Owner Address:		Phone:
205 St John St		Sylvester Daniel &	Į.	205 St John St		
Business Name:		Contractor Name: C		Contractor Address:		Phone
		Pine State Plumbing &	& Heating	PO Box 6308 Scar	rborough	(207) 321-2261
Lessee/Buyer's Name		Phone:	]	Permit Type:		
				HVAC		
Proposed Use: install replacement boil install 3 -100 pd propa		ent w/ Weil Mclain boiler	and install	d Project Descriptions replacement boiles 3 -100 pd propand	r in basement w/ We	eil Mclain boiler and
Dept: Zoning Note:	Status:	Approved	Reviewer:	Tammy Munson	Approval I	Date: 02/18/2005 Ok to Issue: ☑
			ns Reviewer:	Tammy Munson	Approval I	

1) The installation must comply with the State of Maine Gas Regulations.



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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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 64710 Use of Building Apt.

Date: 2-14-05

Name and address of owner of appliance Gett Paris 205-707 St John St.

Name and address of owner of appliance	Use of Building Date 21705  205-707 St John St.
Installer's name and address Pine State P+ H.	Telephone 321-2261
	Telephone 7- 2207
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	Mctal
☐ Gas ☐ Oil ☐ Solid	Factory Built U.L. Listing # New Ining
Appliance Name: Weil Mcain	☐ Direct Vent
U.L. Approved VD Yes D No	Type UL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions? Yes  No	Oil Propare -
IF NO Explain:	The same of the sa
	Type of Fuel Tank  Oil Gas  Size of Tank  OC Sallon.  Number of Gains.  Number of Gains.
The Type of License of Installer:	Number of Clanics.
Master Plumber #	EST. OF BUILDING TLAM
□ Solid Fuel #	En Missance from Took to Center of Flame 25 feet
□ Oil # <b>\</b>	Cost of Work: S 15000
Gas # PNT1218	Cost of Work: S
Other	Cost of Work: S 15000  Permit Peer Cla 156 00

<u>Approved</u>

Approved with Conditions

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

lacksquare See attached letter or requirement

Ele.:

Inspector's Signature

Date Approved

Signature of Installer \_

White - Inspection Lellow - File

Pink - Applicant's

Gold - Assessor's Copy

B. 15 '05 (WED) 10:26 COMMUNICATION No:31 PAGE. 2

PINE STATE PLUMBING & HEATING, INC.

P.O. Box 6308

Scarborough, ME 04070-6308 Tel: 207-321-2261

Tel: 207-321-2261 Fax: 207-321-2270 5 Industry Rd

South Portland, ME 04106



## **FAX**

To: Jannie	From: Lle
Company:	Pages /
Fax:	Date: 2-15-05
Subject: Sletch	Building
Comments:	osed afterh Locatron

FEB. 15 '05 (WED) 10:25

COMMUNICATION No : 31

5.05

# Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

Footing/Building Location Inspec	etion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electr	ical: Prior to any insulating or drywallin
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
you if your project requires a Certificate of inspection  If any of the inspections do not oc phase, REGARDLESS OF THE NOTICE	cur, the project cannot go on to the next
CERIFICATE OF OCCUPANICE BEFORE THE SPACE MAY BE OCCU	ES MUST BE ISSUED AND PAID FOR, PIED
Buttle	
Signature of Applicant/Designee  Signature of Inspections Official	Date Date
CBL O64 FOID Building Permit	# 0.5 1 W64

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Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
Certificate of Occupancy is not required for you if your project requires a Certificate of inspection	Occupancy. All projects DO require a final
If any of the inspections do not oc phase, REGARDLESS OF THE NOTICE	cur, the project cannot go on to the next E OR CIRCUMSTANCES.
CERIFICATE OF OCCUPANICE BEFORE THE SPACE MAY BE OCCU	ES MUST BE ISSUED AND PAID FOR, PIED
Signature of Applicant/Designee	Date 3/11/05
Signature of Inspections Official  CBL: (Building Permit #	Date
And the state of t	" <del></del>

•		ilding or Use Permit (207) 874-8703, Fax: (		Permit No: 05-0162	<b>Date Applied For:</b> 02/14/2005	CBL: 064 F010001
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Business Name:		Contractor Name:		Contractor Address:		Phone
		Pine State Plumbing &	Heating	PO Box 6308 Scar	rborough	(207) 321-2261
Lessee/Buyer's Name		Phone:		Permit Type: HVAC		
Proposed Use: install replacement b install 3-100 pd pro		ent w/ Weil Mclain boiler	and install	replacement boiler 3 -100 pd propan	in basement w/ We	eil Mclain boiler and
install replacement b		ent w/ Weil Mclain boiler a	and install	replacement boiler	in basement w/ We	eil McIain boiler and
install replacement b	pane tanks	ent w/ Weil Mclain boiler a	and install install	replacement boiler	r in basement w/ We	