

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 07-0062 | Issue Date: | CBL: 066 A002001 |
|-----------------------|-------------|---------------------|

| | | | |
|---|---------------------------------|--|---------------------|
| Location of Construction: 91 DOUGLASS ST | Owner Name: CITY OF PORTLAND | Owner Address: 389 CONGRESS ST | Phone: |
| Business Name: | Contractor Name: Main Gas | Contractor Address: 908 Roosevelt Trail Windham | Phone 2078926744 |
| Lessee/Buyer's Name | Phone: | Permit Type: Tanks - Commercial | Zone: R-5 |

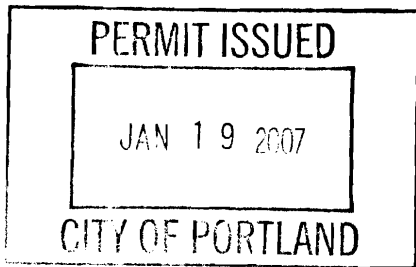
| | | | | |
|--|---|---|---|--------------------|
| Past Use: Commercial / Kiwanis Pool | Proposed Use: Commerical / Kiwanis Pool set 2-- 500 gal tanks | Permit Fee: \$70.00 | Cost of Work: \$70.00 | CEO District: 3 |
| | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 58 | INSPECTION: Use Group: Type: TANK | |

| | | |
|--|----------------------|------------------------|
| Proposed Project Description: Set 2-500 gal tanks | Signature: Greg Carr | Signature: JMB 1/19/07 |
| 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: 01/18/2007 | 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"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 01/19/07 | 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 <input checked="" type="checkbox"/> Not in District 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: |
|--|---|--|



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



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 Douglas St + St James Use of Building Pool Date 1-18-07
 Name and address of owner of appliance CITY of PORTLAND
KIWANIS POOL
 Installer's name and address MAINGAS 908 ROOSEVELT TRAIL
Windham Maine 04062 Telephone 892-6744

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas LP
- Oil
- Solid

Appliance Name: ~~XXXXXXXXXX~~

U.L. Approved Yes No

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

IF NO Explain: _____

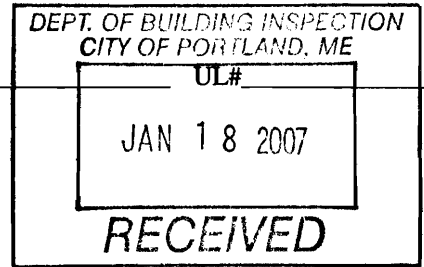
The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # MAINGAS
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
- Metal
Factory Built U.L. Listing # _____

- Direct Vent
Type _____



Type of Fuel Tank

- Oil
- Gas

Size of Tank 500 GAL NFPA 58

Number of Tanks 2

Distance from Tank to Center of Flame over 25 FT feet.

Cost of Work: \$ _____

Permit Fee: \$ _____

Approved

Fire: _____
 Ele.: _____
 Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer MAINGAS

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

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| | |
|--|---|
| Proposed Use: Commerical / Kiwanis Pool set 2- 500 gal tanks | Proposed Project Description: Set 2 - 500 gal tanks |
|--|---|

| | | | | |
|---|---|----------------------------------|----------------------------------|---|
| Dept: Zoning | Status: Pending | Reviewer: Marge Schmuckal | Approval Date: 01/18/2007 | Ok to Issue: <input checked="" type="checkbox"/> |
| Note: | | | | |
| Dept: Building | Status: Approved | Reviewer: | Approval Date: | Ok to Issue: <input type="checkbox"/> |
| Note: | | | | |
| Dept: Fire | Status: Approved with Conditions | Reviewer: Cptn Greg Cass | Approval Date: 01/19/2007 | Ok to Issue: <input checked="" type="checkbox"/> |
| Note: | | | | |
| 1) Install shall comply with NFPA 58. A compliance letter is required | | | | |

Customer Site Plan

CUSTOMER NAME City of Portland
STREET ADDRESS: Kiwanis Pool Building
TOWN: _____

| | |
|-------------------|-----------------|
| New Account: | |
| Existing Account: | |
| Date: | <u>1-18-07</u> |
| Phone #: | |
| Work #: | <u>692-6744</u> |

DELIVERY INSTRUCTIONS Corner of Division and St James 1773-1760

Appliance(s) being installed: (1)Type: _____ Btu's: _____ (2)Type: _____ Btu's: _____
(3)Type: _____ Btu's: _____ (4)Type: _____ Btu's: _____

Total System (Btu) load: _____ Btu's

Tank/Regulator Information: Tank Size 2 Regulator(s): Two _____ 1st _____ 2nd _____

Additional tank/reg. info: 500 LP

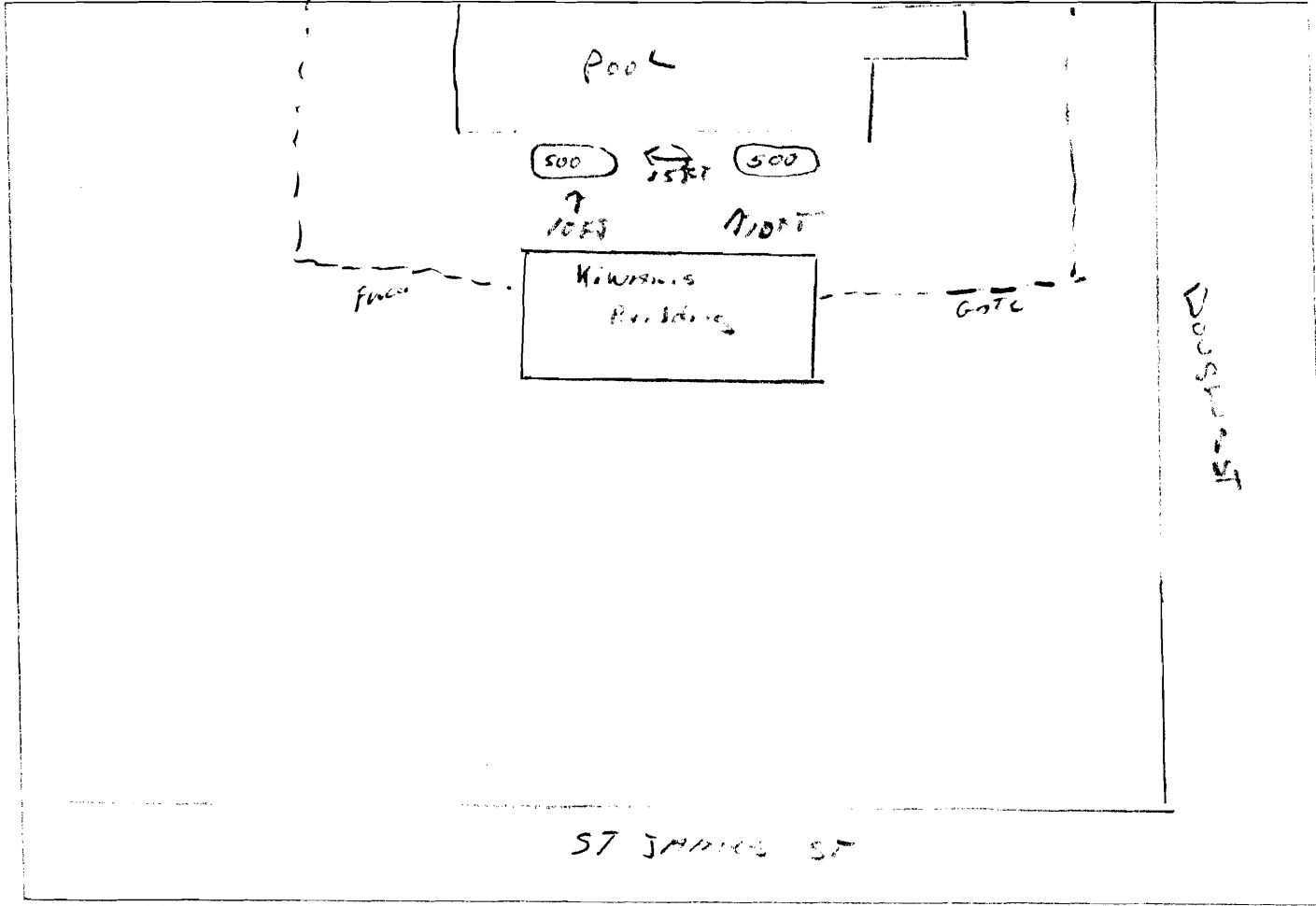
Piping Information: Type: _____ Size: _____ Quantity: _____

Additional piping information: _____

Parts/Fittings Information: _____

Special tools required: JEMP Heat

VENTING



Additional Instructions/Comments: