

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0202	Issue Date: MAR - 2 2005	City of Portland (CPL) 068 D005001
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Location of Construction: 160 St John St	Owner Name: Harvey Associates	Owner Address: 605 Locust St
Business Name:	Contractor Name: Mckenney Plumbing & Heating	Contractor Address: Portland
Tenant/Buyer's Name:	Phone:	Permit Type: HVAC

Past Use: Commercial	Proposed Use: Commercial / install ICP Roof top unit 1176	Permit Fee: \$57.00	Cost of Work: \$4,000.00	CEO District: 2
Proposed Project Description: install ICP Roof top unit 1176		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Heating IBC / state Gas Reg's 2003	

Signature: <i>[Signature]</i>		Signature: <i>[Signature]</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: Idobson	Date Applied For: 02/23/2005	Zoning Approval	
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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: <i>2/20/05</i>	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:
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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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Permit No: 05-0202	Date Applied For: 02/23/2005	CBL: 068 D005001
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Location of Construction: 160 St John St	Owner Name: Harvey Associates	Owner Address: 605 Locust St	Phone:
Business Name:	Contractor Name: Mckenney Plumbing & Heating	Contractor Address: Portland	Phone (207) 856-6455
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	
Proposed Use: Commercial / install ICP Roof top unit 1176		Proposed Project Description: install ICP Roof top unit 1176	

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 02/28/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 03/02/2005
Note: **Ok to Issue:**

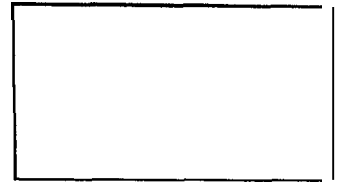
- 1) The unit must be installed per the manufacturers specifications.
- 2) The installation must comply with the State of Maine Gas Regulations
- 3) The reinforcement of the roof system must be completed and inspected prior to the installation of the roof unit.

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 03/10/2005
Note: **Ok to Issue:**



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



WDS

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 160 ST John ST Use of Building SALES Date 2/23/05

Name and address of owner of appliance Sid HARVEY 160 ST John ST
PORTLAND, ME

Installer's name and address MCKENNEY PLUMBING & HEATING Cell
Please contact Kurt McKenney -> cell Telephone 856-6455 327-6583

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: ICP ROOFTOP 1176"

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 # PNT 1794
- Other _____

Type of Chimney:

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

Type of Fuel Tank

- Oil
- Gas - NATURAL

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 4,000.00

Permit Fee: \$ 57.00

Approved

Fire: MM
Ele.: _____
Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Signature of Installer Kurt McKenney Inspector's Signature _____ Date Approved _____