

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>PERMIT ISSUED</b>		CBL:
Permit No: 02-0068	Issue Date: 01/23/2002	070 A005001

<b>Location of Construction:</b> 54 St John St	<b>Owner Name:</b> St John Street Associates	<b>Owner Address:</b> Po Box 4821	<b>Phone:</b>
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Atlantic Comfort Systems	<b>Contractor Address:</b> PO Box 665 Biddeford	<b>Phone:</b> 2072846360
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> HVAC	<b>Zone:</b> HMTB

<b>Past Use:</b> Commercial	<b>Proposed Use:</b> Commerical / Install Gas Self-Contained Roof Top	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 3
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <u>BOCA 93 Mech</u> Type: <u></u>	

<b>Proposed Project Description:</b> Install Heating System	<b>Signature:</b>	<b>Signature:</b>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
<b>Signature:</b>	<b>Date:</b>	

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 01/23/2002	<b>Zoning Approval</b>	
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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..	<b>Special Zone or Reviews</b> <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:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input 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.

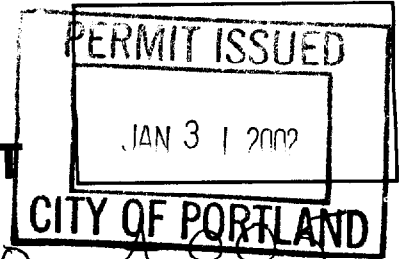
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



070 1000

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:

(Lunch Room Addition)

Location 54 ST. JOHN ST. Use of Building Food Processor Date 1-21-02  
Name and address of owner of appliance BARBER Foods, 54 ST. JOHN ST., Portland.

Installer's name and address ATLANTIC COMFORT SYSTEMS, 392 Hill ST, Box #665 Biddeford ME, 04005 Telephone 207-284-6360

### Location of appliance:

- Basement
- Floor
- Attic
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: TRANE ROOF TOP

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 687
- Other \_\_\_\_\_

### Type of Chimney: Self Contained Roof Top

Masonry Lined  
Factory built NA

Metal  
Factory Built U.L. Listing # NA

Direct Vent  
Type NA UL# \_\_\_\_\_

### Type of Fuel Tank

- Oil
- Gas

Size of Tank NA

Number of Tanks NA

Distance from Tank to Center of Flame NA feet.

30.00

### Approved

Fire: [Signature]

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

Bldg.: [Signature]

### Approved with Conditions

See attached letter or requirement

Signature of Installer Michael S. McPherson

JAN 23 2002