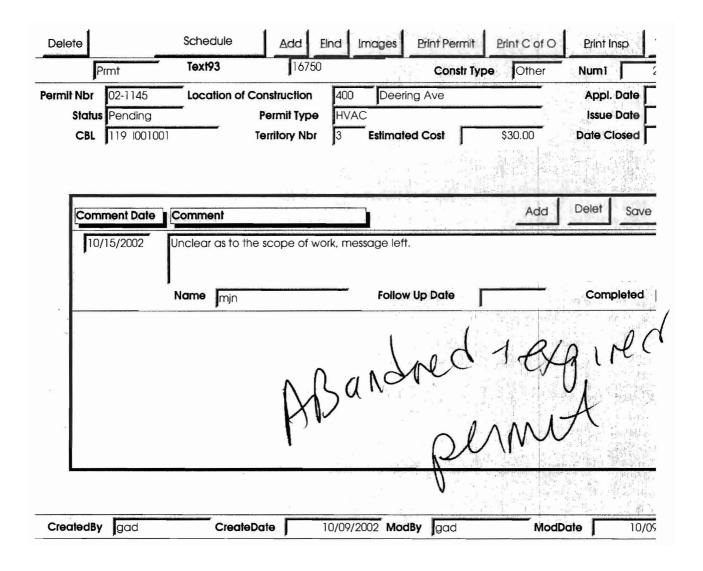
City of Portland, 389 Congress Street		U			00 114	5 Issue Date	•	119 100)1001
Location of Construction:	Owner Name:			<u> </u>	Owner Address:			Phone:	
400 Deering Ave		Temple Beth-el			400 Deering Ave				
Business Name:		Contractor Name:			Contractor Address:			Phone	
		Pine State Plumbing & Heating			PO Box 6308 Scarborough			20788312	200
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:
]	HVAC		, L		<u> </u>
		Proposed Use:			Permit Fee:	Cost of Wor		CEO District:	
		Temple Beth El			\$30.00 \$30.00 FIRE DEPT:			TION:	
						Approved Denied	Use Gro	e perm	Type:
Proposed Project Descrip								. na m	J.
Install Heating System w/Natural Gas in Roof Area.					Signature: PEDESTRIAN A	HHM/ CTIVITIES DIS	Signatur	e: () () () () () () () () () () () () ()	1/14/0
					_		proved w/C	•	Denied
					Signature:			Date:	_
Permit Taken By:		pplied For: 7/2002			Zoning Approval				
	ication does not	nreclude the	Spe	cial Zone or Review	vs Z	oning Appeal		Historic Pres	servation
 This permit application does not p Applicant(s) from meeting applic Federal Rules. 		•	Shoreland		☐ Vari	☐ Variance		Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		☐ Miso	☐ Miscellaneous		Does Not Require Review	
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			Flood Zone			Conditional Use		Requires Review	
			Subdivision		☐ Interpretation			Approved	
			☐ Si	te Plan	_ App	roved		Approved w	Conditions
			Maj [Minor MM	Deni	ed		Denied	\searrow
			Date:	10/10/0	Date:		Da	te:	<u> </u>
I hereby certify that I a I have been authorized jurisdiction. In additionshall have the authority such permit.	by the owner to on, if a permit fo y to enter all are	make this appli or work described	med pro cation a d in the	as his authorized application is iss	e proposed wor agent and I agr sued, I certify th	ee to conform at the code of	to all app ficial's au ision of t	plicable laws uthorized repr	of this resentative oplicable to
				311230		212		1110	· -
RESPONSIBLE PERSON	IN CHARGE OF W	ORK, TITLE	-			DATE		PHO	NE NE







APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

_(<u> 17</u>	<u>-//</u>	45	

Location Complete Beth Use Name and address of owner of appliance Templete Beth Installer's name and address PINE STATE PEH	of Building (HURCH Date 9-9-0)				
Location of appliance:	Type of Chimney:				
☐ Basement ☐ Floor	☐ Masonry Lined				
☐ Attic BY Roof	Factory built				
Type of Fuel:	☐ Metal				
Gas	Factory Built U.L. Listing #				
Appliance Name: PANE					
U.L. Approved Yes No	Direct Vent				
O.L. Approved & Tes & No	Type UL#				
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank				
installation instructions? Yes No	Oil				
	☐ Gas				
IF NO Explain:					
	Size of Tank NATURAL GAS				
The Type of License of Installer:	Number of Tanks				
☐ Master Plumber #					
O Solid Fuel #	Distance from Tank to Center of Flame feet.				
Oil #					
• •	23				
Other	30.00				
Approved	Anneoved with Conditions				
Fire: 4 Mm7	Approved with Conditions See attached letter or requirement				
	☐ See attached letter or requirement				
Ele.:					
Bldg.:					
Signature of Installer Levanel Value					

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy