

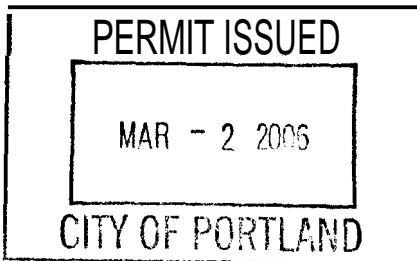
City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0289	Issue Date: 03/03/2006	CBL: 120 ED 14001
Owner Address: 166 FRANCES ST		Phone:
Contractor Address: P.O. Box 2679 So. Portland		Phone: 2077678080
Permit Type: HVAC		Zone:
Permit Fee: \$39.00	Cost of Work: \$1,500.00	CEO District: 3
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:
Signature:		Signature:

Location of Construction: 166 FRANCES ST	Owner Name: GARDNER SCOTT D & ELIZABE
Business Name:	Contractor Name: ACL Plumbing & Heating Inc.
Lessee/Buyer's Name	Phone:
Past Use: Single Family Home	Proposed Use: Single Family Home/ associated with Permit #051744/ install a Gas Rinnai 556 LP in living space above garage
Proposed Project Description: install a Gas Rinnai 556 LP in living space above garage	

Permit Taken By: Idobson	Date Applied For: 03/03/2006	Zoning Approval		
		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"/> >ate	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 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

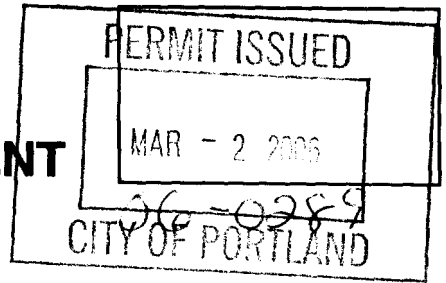
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 120 E 14 Use of Building COMMERCIAL FINISH SPACE Date 3/13/06
 Name and address of owner of appliance SCOTT GARDNER
166 FRANCES ST. PORTLAND
 Installer's name and address ACE PLUMBING INC. (A. C. LEBLANC)
PO Box 2679 SO PORTLAND ME Telephone 207-767-8080

Location of appliance:

- Basement
- Attic OVER CANAL
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: RINNAI 556 LP

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 # 1046
- Other _____

Type of Chimney:

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

Type of Fuel Tank

- Oil
- Gas

Size of Tank 120 gal

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 1500.00

Permit Fee: \$ _____

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Signature of Installer [Signature]

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____