City of Portland,		_			- 1	08-0056	Issue Date	:	122 E00	02001	
389 Congress Street,			, rax:	(207) 874-871						=====	
313 STEVENS AVE		Owner Name: WILSON JENNIFER M & CALEB				er Address: STEVENS A	Phone:				
Business Name: Contractor Name:			IVI & CALEB	313 STEVENS AVE Contractor Address:				Phone			
		ette @ new concepts			Box 175 Yarm		2048473162				
Lessee/Buyer's Name		Phone:		<u> </u>		it Type:		Zone:			
-					1	'AC					
Past Use:		Proposed Use:			Perm	nit Fee:	Cost of Wor	k: C	EO District:	<del>1</del>	
2 unit residential		2 unit resident	ial - ins	ıl - install a Baxi		\$160.00	00.00	3			
			direct vent boiler -			E DEPT:	INSPECT				
		natural gas			1	2	Approved Depried	Use Grou	p:	Type:	
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					4	IIII					
Proposed Project Descript		10 5 11			/				L.		
Install a Baxi 3.10SI I	Direct Vent Natu	ral Gas Boiler.			Signature: Sig			Signature	<u> </u>		
					FEDE	ESTRIAN ACTI	•	( )			
					Actio	on: Approv	proved w/C	w/Conditions Denied			
					Signa	ature:		Γ	Date:		
Permit Taken By:	Date Ap	plied For:		-		Zoning	Approva	al			
lmd											
1. This permit applie	cation does not p	reclude the	Spe	cial Zone or Revie	ws	Zonin	g Appeal		Historic Pres	ervation	
<ol> <li>Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>			Sh	oreland	☐ Variance				Not in District or Landma		
			│	etland		☐ Miscellaneous			Does Not Require Review		
			☐ Fl	Gi zold		Conditional Use			Requires Review		
			☐ Su	odivision	Interpretation				Approved		
			Si	te Plan		Approve	d		Approved w/	Conditions	
		7	Maj [	Minor MM		Denied			Denied /	/	
			Date:	1 130 108		Date:		Date	1/301	08	
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CITY	/* · · · · · · · · · · · · · · · · · · ·										
				CERTIFICATI							
I hereby certify that I a											
I have been authorized jurisdiction. In additio											
shall have the authority											
such permit.											
SIGNATURE OF APPLICANT			ADDRES	S DATE			PHONE				
RESPONSIBLE PERSON I	N CHARGE OF WO	ORK, TITLE					DATE		PHO	NE	

Permit No: Date Applied For: CBL: City of Portland, Maine - Building or Use Permit 08-0056 01/22/2008 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 122 E002001 Location of Construction: Owner Name: Owner Address: Phone: 313 STEVENS AVE WILSON JENNIFER M & CALEB 313 STEVENS AVE Business Name: Contractor Name: Contractor Address: Phone Andre Marquette @ new concepts PO Box 175 Yarmouth (204) 847-3162 Lessee/Buyer's Name Phone: Permit Type: HVAC Proposed Project Description: Proposed Use: 2 unit residential - install a Baxi Luna 310SI direct vent boiler -Install a Baxi 3.10SI Direct Vent Natural Gas Boiler. natural gas Dept: Zoning 01/30/2008 Status: Approved **Reviewer:** Tammy Munson Approval Date: Ok to Issue: Note: Reviewer: Tammy Munson Approval Date: 01/30/2008 Dept: Building **Status:** Approved with Conditions Ok to Issue: Note: 1) The installation must comply with the State of Maine Gas Regulations.

FILL IN AND SIGN WITH INK



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

7	The unders	igned hereb	y applie	s for a pe	ermit to	install	the fo	llowing	heating	g, coo	king o	r powe	r equip	meni	t in
acco <b>rd</b> ar	nce with th	e Laws of N	Maine, th	he Buildir	ig Code	e of the	City of	of Portle	and, and	d the	follow	ing spe	cificatio	ons:	
										15 C.	1 .			1.1	^;

Name and address of owner of appliance Caleby Tennifor 1  313 Stevens Ave,  Installer's name and address  André Marquette A	Portland ME
Location of appliance 5: 2 nd 7 first Floors  Attic Roof  Type of Fuel: Gas Oil Solid	Type of Chimney:  Masonry Lined Factory built  Metal Factory Built U.L. Listing #
Appliance Name: Buxi Luna 310 JT.  U.L. Approved Yes No  Will appliance be installed in accordance with the manufacture's installation instructions? Yes No  IF NO Explain: JAN 1 1 2008  The Type of License of Installer:    Master Plumber #   Oil # MS 1000 7994   Gas # PNT 4338   Other   Other	Direct Vent Type
Approved  Fire: Ele.: Bldg.: White - Inspection Yellow - File P	Approved with Conditions  See attached letter or requirement  Inspector's Signature  Date Approved  Pink - Applicant's Gold - Assessor's Copy