City of Portland, Mair	ne - Buil	ding or Use	Permi	t Applicatior	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0410	6 09-0779		126 E005001						
Location of Construction: Owner Name:					Owner Address: Phone:			Phone:	
27 CLIFTON ST HORRISBER			GER MICHAEL M &		27 CLIFTON ST			207-632-2857	
Business Name: Lessee/Buyer's Name		Contractor Name: All Aspects Plumbing & Heating Phone:						Phone 2076322857	
							HVAC		
		Past Use: Proposed Use:				Permit Fee: Cost of Work:			CEO District:
Multi Family Residential 3 Farity 1 rgml vsz		Multi Family Residential - Install Triangle Excellance Gas Boiler, Direct vVent - 3 d.		tial - Install	\$120.00	\$9,300		3	
					FIRE DEPT:		NSDECT	ION:	<u> </u>
						Apploved	Use Group): <i>U</i>	Type: HVA
				Denied					
				* See Conditions after (2)			rs Kig		
Proposed Project Description:							2	× / /	
Install Triangle Excellance	Gas Boile	r Direct vVent			Signature: K	(\mathcal{L})	Signature:	AN	
mount riungio Entotiumo		., 2			PEDESTRIAN ACTIVITIES DISTRICT (P.				
									D
					Action: Appro	ved Appro	ved w/Co	nditions	Denied
					Signature:		D	ate:	
Permit Taken By:	Date Ar	oplied For:			<u> </u>				
lmd	07/24	Zoning ripprovar							
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Spe	Special Zone or Reviews		Zoning Appeal		Historic Preservation	
							Not in District or Landmar		
		dole state and	Shoreland		Variance		•	Not in District of Landman	
			Wetland		Miscellaneous) ₋	☐ Does Not Require Review	
2. Building permits do not include plumbing,			wetland		Miscenaneous		1 -	Does Not Require Review	
septic or electrical work.				Flood Zone Conditiona		anal I Isa	Requires 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		1 -	Approved	
					merpretation			Approved	
				te Plan	Approve	ed		Approved w/0	Conditions
				ic i tan	При		_	, ripproved w/	conditions
			 Maj [Minor MM	Denied			Denied	
PERMIT ISSUED			Orus Codehin Date: 1127 109 ARA		Defined			ARI	
					Deter		J. D. 4		
				177109 MK	Date:		Date	Date:	
AUG	1 1 200	9							
2:	DODTI								
CITY OF	PURIL	.AND							
			_	ERTIFICATION)N				
horaby contifict bet I am the		managed = £41				الله والمساورة	41		d and 414
hereby certify that I am the have been authorized by the									
urisdiction. In addition, if a									
shall have the authority to en									
such permit.		-	-	-		-			
SIGNATURE OF APPLICANT			ADDRESS		DATE			PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE		PHO	NE

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee Date

Signature of Inspections Official Date

CBL: 126 E005001 **Building Permit #:** 09-0779

- ·	aine - Building or Use Permit 4101 Tel: (207) 874-8703, Fax: (2	Permit No: 09-0779	Date Applied For: 07/22/2009	CBL: 126 E005001	
ocation of Construction:	Owner Name:	Owner Address:	Phone:		
27 CLIFTON ST	HORRISBERGER MIC	CHAEL M &	27 CLIFTON ST	207-632-2857	
Business Name:	Contractor Name:		Contractor Address:		Phone
	All Aspects Plumbing &	& Heating	PO Box 10462 Portland		(207) 632-2857
.essee/Buyer's Name	Phone:]	Permit Type: HVAC		
roposed Use:		Proposed	d Project Description:	<u></u>	
Dept: Zoning Note: 1) This property shall re	Status: Approved with Conditions		Ann Machado	Approval I	Ok to Issue:
approval.		C			
Dept: Building	Status: Approved with Conditions	Reviewer:	Tammy Munson	Approval I	_
Note:					Ok to Issue:
1) The installation must	comply with the State of Maine Gas l	Regulations.			
Dept: Fire	Status: Approved with Conditions	Reviewer:	Capt Keith Gauti	eau Approval I	Date: 07/28/2009
Note:					Ok to Issue:
Install shall comply v	with all manufacture's specifications.				
 Install shall comply v A compliance letter i 	vith NFPA 54.				

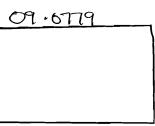
FILL IN AND SIGN WITH INK



Signature of Installer

White - Inspection Yellow - File

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



126.E-005

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to instance accordance with the Laws of Maine, the Building Code of the second s	all the following heating, cooking or power equipment in the City of Portland, and the following specifications:
Installer's name and address A ASPECTS 7	Use of Building 127 BLD Date 7-22-69 102223352452 TORTLAND, ME OHOZ TUMBENG + HEATTING = NC- E OHIOH Telephone 207.632-2857
Location of appliance:	Type of Chimney:
Basement	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuelt	☐ Metal
Gas 🗅 Oil 🗅 Solid	Factory Built U.L. Listing #
Appliance Name: RINGLE TRELANCE	Direct Vent
U.L. Approved Y Yes No	Type Type UL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions? Yes . D No	Oil Control of the Co
IF NO Explain:	Gas JUL 2 2 2009
	Size of Tank
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	
□ Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil #	Cost of Work: \$ 9.300.
Gas # NT ZC 450	`1
□ Other	Permit Fee: \$
Approved	Approved with Conditions
Fire:	☐ See attached letter or requirement
Ele.:	1
Bldg.:	Inspector's Signature Date Approved

Pink - Applicant's Gold - Assessor's Copy