Location of Construction: Owner Name:			Owner Address:			Phone:		
		THOMAS J	44	44 COYLE ST				
Business Name:	Contractor N	ame:	Con	tractor Address:			Phone	
	Heating So	Heating Solutions		23 Douglass Rd Limington Rd			2072327525	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:			_	Zone:
			H	VAC				R3
Past Use:	Proposed Use	:	Per	mit Fee: Cost of Work:		k:	CEO District:	
Single Family		Single Family install a Rinnai in		\$70.00 \$4,500.0		****	3	
	basement		FIR	E DEPT:	Approved Denied	Use Gr	TRC 20 ure: 2- 11	Type: 573
Proposed Project Description	m:		٦_			-		- 52
Install a Rinnai in baser	nent		Sign	nature:		Signati	ure: 2- 11	128/05
			PEDESTRIAN ACTIVITIES DIST			TRICT (RICT (P.A.D.)	
			Action: Appe		ved App	Approved w/Conditions Denied		Denied
			Sign	nature:			Date:	
Permit Taken By: Date Applied For:				Zoning	Approva	al		
dmartin	11/22/2006							
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 			Special Zone or Reviews Zoning Appeal Shoreland Variance			Historic Preservation Not in District or Landmark		
Building permits diseptic or electrical	Wetland	☐ Wetland ☐ Miscellaneous			Does Not Require Review			
Building permits as within six (6) mont	d Flood Zone		Conditi	onal Use		Requires Rev	riew	
False information a permit and stop all	Subdivision		Interpre	tation		Approved		
		Site Plan		Approv	ed		Approved w/	Conditions
PERMIT	ISSUED	Maj Minor M	М	Denied			Denied	
NOV 2	Date:	Date:		Date		Date:		
CITY OF P I hereby certify that I an I have been authorized to jurisdiction. In addition	on the owner of record of the oy the owner to make this a sale if a permit for work descrite enter all areas covered by	named property, or that pplication as his authorized in the application is	the pr	ent and I agree d, I certify that	s authorized to conform the code of	to all a ficial's	applicable laws authorized repo	of this resentative
SIGNATURE OF APPLICA	NT	ADDR	FSS		DATE	ž	PHO	ONE

City of Portland, Ma 389 Congress Street, 0		lding or Use Permit (207) 874-8703, Fax: (20	7) 874-8716	Permit No: 06-1693	Date Applied For: 11/22/2006	CBL: 126 [01500]
Location of Construction:		Owner Name:		owner Address:		Phone:
44 COYLE ST		LANDRY THOMAS J		44 COYLE ST		0.000.000
Business Name:		Contractor Name:	-	Contractor Address:	7	Phone
		Heating Solutions		23 Douglass Rd L	imington Rd	(207) 232-7525
Lessee/Buyer's Name		Phone:	I	ermit Type: HVAC		
Proposed Use:			Proposed	Project Description	:	
Single Family install a R	innai in base	ment		a Rinnai in basem		
Dept: Zoning Note:	Status: N	Not Applicable	Reviewer:		Approval I	Date: Ok to Issue: ✓
Dept: Building Note:	Status: /	Approved with Conditions	Reviewer:	Tom Markley	Approval I	Date: 11/28/2006 Ok to Issue:
1) The installation must	comply with	n the State of Maine Gas Re	egulations.			
Application approval and approval prior to	l based upon	information provided by an	plicant. Any	deviation from app	proved plans require	es separate review
and approrvar prior o		, 1				

Separate plans may need to be submitted for approval as a part of this process.





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

I	015	_
	I	I 015

To the INSPECTOR OF BUILDINGS, PORTLAND, Me. The undersigned hereby applies for a permit to inst accordance with the Laws of Maine, the Building Code of the	tall the following heating, cooking or power equipment in the City of Portland, and the following specifications:
Name and address of owner of appliance Tom Gun Se	
Installer's name and address Heating Solutions =	Telephone 232-7525
Location of appliance; Basement D Floor Attic D Roof	Type of Chimney: Of Masonry Lined Factory built Stable 55 (inc)
Type of Fuel: Gas Gil Solid	☐ Metal Factory Built U.L. Listing #
U.L. Approved & Yes \(\Omega\) No	Type DEPT. OF BUILDING INSPECTION OF PORTLAND. ME
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No No No	Type of Fuel Tank Oil Gas RECEIVED
III NO Explain.	Size of Tank
The Type of License of Installer: Master Plumber #	Number of Tanks Distance from Tank to Center of Flame feet. Cost of Work: S 4500 Permit Fee: S 70
Approved Fire:	
Bldg.: Howsh Maleluy Signature of Installer 4 holdth	Inspector's Signature Date Approved

White - Inspection Yellow - File

Pink - Applicant's Gold - Assessor's Copy



CITY OF PORTLAND, MAINE

Department of Building Inspections

NOV 23 20 06
Received from HEAting Solutions
Heceived from / /2/11/1/G Solutions
Location of Work 44 Coyle St
Cost of Construction \$ 4,500.00
Permit Fee \$
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other 14/14C
CBL: 126 I 015
Check #: Total Collected \$ 70

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

-13/30