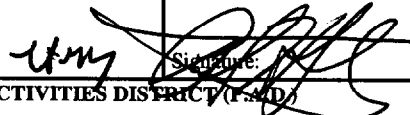
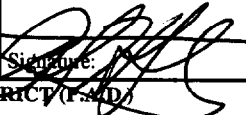


City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-0924	Issue Date: 2 - 2001	CBL: 128 A008001
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Location of Construction: 46 Codman St	Owner Name: Kimball Robert B Iii	Owner Address: 1932 Broadway	Phone:
Business Name: n/a	Contractor Name: Kimball Construction	Contractor Address: 1932 Broadway South Portland	Phone: 2073296070
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Single family / Install gas heating system	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description: Install Heating System	Signature: 	Signature: 
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: gg	Date Applied For: 07/26/2001	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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"/> Date:	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:
	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



01 0924
FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

JUL 27
CITY OF PORTLAND
128 A008

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 46 Codman Use of Building Single Family Date 7/26/01
Name and address of owner of appliance Kimball Construction

Installer's name and address Builda Insulation - Tom Cashel Plumber & Heater
1932 Broadway So. Port. Telephone 575 0070

Location of appliance:

- Basement
- Floor 1st
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Heat N Glo

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 # PNT 3335
- Other _____

Type of Chimney:

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

Type of Fuel Tank

- Oil
- Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

30.00

Approved

Fire: [Signature]
Ele.: _____
Bldg.: _____

Approved with Conditions

See attached letter or requirement

Signature of Installer [Signature]