Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read	7	HIT OF F	ORILA	ND
Application And Notes, If Any, Attached		PER	CTION	Permit Number: 050403
This is to certify t	hat <u>Lahaie Gerald J/Rick</u>	Thurst		<u>-</u>
has permission to	interior renovations			
AT 12 Hunt St			C13	0 D006001
of the provi	at the person or per sions of the Statute action, maintenance ment.	es of Natine and of	the	ng this permit shall comply with all of the City of Portland regulating es, and of the application on file in
and grad6 if such informa		g nandw n p b re this i din la ed or d H IR NOTICE IS	sped in must ermit in procu g or t thered osed-in. s REQUIRED.	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER	REQUIRED ARMOVALS SUE	.D		
Fire Dept Health Dept Appeal Board Other	APR 1 4 2005 Department Name F PORTLA	NO		Dyector - Building Inspection Services
ĺ	UIT OF PURILA	PENALTY FOR REM	MOVING THIS CA	ARD The last

City of Portland, Maine	•			RMIT ISSUEDL:			
389 Congress Street, 0410 Location of Construction:	Owner Name:		05-0581 wner Address	130 D006001			
12 HUNT ST	LAHAIE GER	RALD J	2 HUNT ST				
Business Name:	Contractor Name	: C	ontractor Address:	V OF DODTI AND			
T M L N	Heating Soluti			Y OF PORTLAND 75666			
Lessee/Buyer's Name	Phone:	1	ermit Type: HVAC	Zone:			
Past Use:	Proposed Use:			f Work: CEO District:			
Single Family Home	Single Family boiler Slant Fi	Home/ Replacement n Oil boiler	\$48.00 \$2,100.00 4 FIRE DEPT: \(\) \(\) Approved INSPECTION:				
			☐ Denik	Use Group: Type: If Co			
Proposed Project Description: Replacement boiler Slant Fin	Oil boiler						
Replacement boner Stant Fin	On boner	<u> </u>	ignaturé: EDESTRIAN ACTIVITIES	Signature: SDISTRICT (P.A.D.)			
			Action: Approved	Approved w/Conditions Denied			
			Signature:	Date:			
Permit Taken By:	Date Applied For: 05/13/2005		Zoning App	roval			
		Special Zone or Reviews	Zoning Appe	eal Historic Preservation			
 This permit application of Applicant(s) from meeting Federal Rules. 	•	Shoreland	☐ Variance	Not in Distrect or Landmark			
 Building permits do not septic or electrical work. 		Wetland	Miscellandous	Does Not Require 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		U stibilivition	Conditional Ise	Approved			
permit and stop all work	••	Site Plan	Approved	Approved w/Conditions			
		Maj Minor MM	Denied	Denied			
		Date: 5 17 05	Date:	Date:			
		((
		CERTIFICATION					
I have been authorized by the jurisdiction. In addition, if a p	owner to make this appl permit for work describe	ication as his authorized a d in the application is issu	gent and I agree to con led, I certify that the co	orized by the owner of record and that form to all applicable laws of this de official's authorized representative provision of the code(s) applicable to			
SIGNATURE OF APPLICANT		ADDRESS		DATE PHONE			

DATE



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED

MAY 2 3 2005

CITY OF PORTLAND

130 D G

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

7	The undersigned	hereby appl	lies for a peri	mit to instal	the follow	wing heating,	cooking or power	equipment	in
accorda	nce with the Law	s of Maine,	the Building	Code of the	City of P	Portland, and t	he following spec	ifications:	

Location / CBL 14 Hont St. Name and address of owner of appliance Joing links, c	Use of Building Rosidonzo Date 5/13/05
Installer's name and address Heating Sulution 532 plains Rd Hallis one. 04042	5 RICK NOLOTTC Telephone 307-727-5666
Location of appliance: Basement Floor Roof Type of Fuel: Gas Oil Solid Appliance Name: Start Fin Solid U.L. Approved Yes No	Type of Chimney: Masonry Lined Factory built Metal Factory Built U.L. Listing # Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type of Fuel Tank Grant Gran
The Type of License of Installer: □ Master Plumber # □ Solid Fuel # □ Gas # □ Other	Number of Tanks Distance from Tank to Center of Flame 25 feet. Cost of Work: \$ 2/00 Permit Fee: \$ 1/8 9/00
Approved Fire: Ele.: Bldg.: Signature of Installer/ MoldM	Approved with Conditions See attached letter or requirement Inspector's Signature Date Approved
White Inspection Yellow - File I	Pink - Applicant's Gold - Assessor's Copy

PLUMBING APPLICATION	ON			Division of Environmental Health		
PROPERTY ADDRESS						
Town or Plantation Post 1000						
Street Subdivision Lot #	>t.~+	PORTL	AND F	PERMIT # 10006 TOWN COPY		
PROPERTY OWNERS NAM	E	Date Permit 9 7	104	\$ 5 2 0 F FFF Charged		
Last: L. H. E. First: J.C.		ssued: FEE Charged Local Plumbing Inspector Signature L.P.I. # 0, 7, 4, 9				
Applicant Name: 1 m (57.						
Mailing Address of Owner/Applicant (If Different)	ise worth	130	00	06		
Owner/Applicant Statemen I certify that the information submitted is correct to the knowledge and understand that any falsification is rea Plumbing Inspectors to deny a Permit.	best of my		e installation autho	tion Required prized above and found it to be in Rules.		
Signature of Owner/Applicant	Date	Local Plumbing Ir	spector Signature	Date Approve		
	PERMIT	INFORMATION	15			
This Application is for Ty	pe of Structure	Го Be Served:	Plun	nbing To Be Installed By:		
- 1. ໘ NEW PLUMBING 1. □ SINGLE	FAMILY DWELLI	NG	1. XMAST	STER PLUMBER		
1 "	ODULAR OR MO	BILE HOME	2. 🗌 OIL BI	BURNERMAN		
DITIMPING	LE FAMILY DWE	LING		D. HOUSING DEALER/M€€HANIC		
4. 🗆 OTHER	- SPECIFY			BLIC UTILITY EMPLOYEE OPERTY OWNER USE #115, 2, 4, 7,6		
		1				
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture		
HOOK-UP: to public sewer in		Hosebibb / Sillcock		Bathtub (and Shower)		
those cases where the connection is not regulated and inspected by the local Sanitary District.	Floor Drain Urinal		1 4	Shower (Separate)		
OR				Sink		
HOOK-UP: to an existing subsurface	Drii	Drinking Fountain		Wash Basin		
wastewater disposal system.	Indirect Waste			Water Closet (Toilet)		
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Water Treatment Softener, Filter, etc.			Clothes Washer		
	Gre	Grease / Oil Separator		Dish Washer		
	Roc	of Drain		Garbage Disposal		
OR	et		Laundry Tub			
	Oth	er:		Water Heater		
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1		
	Y		•	Fixtures (Subtotal) Column 2		
SEE PEI			Total Fixtures			
FOR	CALCULATING	FEE		Fixture-Fee		
				Transfer Fee		
				Hook-Up & Relocation Fee		
Page 1 of 1 HHE-211 Rev. 08/05		TOWN COPY	÷ 3	Permit Fee (Total)		

ELECTRICAL PERMIT City of Portland, Me.

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

11 Ilust ST	CBL# <u>130 b 000</u>
LOCATION: /4 NUN /	METER MAKE & #////
CMP ACCOUNT # 60 600 829	OWNER CERALA Lahal
TENANT	PHONE # 207-329-3100
	M 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

OUTLETS	Receptacles	Switches		Smoke Detector	.20	T T
FIXTURES	Incandescent	Fluorescent		Strips	.20	
_						-
SERVICES	Overhead	Underground		TTL AMPS <800	15.00	
	Overhead	Underground		>800	25.00	
Temporary Service	Overhead	Underground		TTL AMPS	25.00	
					25.00	
METERS	(number of)				1.00	
MOTORS	(number of)				2.00	
RESID/COM	Electric units				1.00	
HEATING	oil/gas units	Interior		Exterior	5.00	
APPLIANCES	Ranges	Cook Tops		Wall Ovens	2.00	
	Insta-Hot	Water heaters	\$	Fans	2.00	
	Dryers	Disposals		Dishwasher	2.00	
	Compactors	Spa		Washing Machine	2.00	
	Others (denote)				2.00	
MISC. (number of)	Air Cond/win				3.00	
	Air Cond/cent			Pools	10.00	
	HVAC	EMS		Thermostat	5.00	
	Signs				10.00	
	Alarms/res			WORFOT	5.00	
	Alarms/com			DEPT. OF BUILDING INSPECT CITY OF PORTLAND, ME	15.00	
	Heavy Duty(CRKT)				4.00	
	Circus/Carnv				25.00	
	Alterations			MOV 2.1 0000	5,00	
	Fire Repairs				15,00	
	E Lights			DEOFWED.	100	
	E Generators			RECEIVED	20 00	
						()
PANELS	Service	Remote	1	Main	4.00	4.00
TRANSFORMER	0-25 Kva				5.00	
	25-200 Kva				8.00	
	Over 200 Kva				10.00	
				TOTAL AMOUNT DUE		
	MINIMUM FEE/COM	MERCIAL 55.00,		MINIMUM FEE 45.0	0	

CONTRACTORS NAME	THE CHECKTIC INC.	RLIC.# M S 60003714
	Y 971 Parta 440 QUIMITED) LIC. #
ADDRESS 7 07 7	9/01-246	
TELEPHONE	The part of the pa	

SIGNATURE OF CONTRACTOR_