

City of Portland, Maine - Building or Use Permit Application

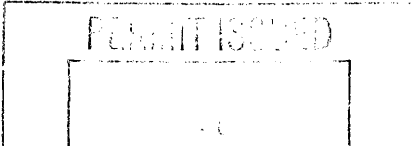
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

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|------------------------------|--------------------|----------------------------|
| Permit No: 08-0847 | Issue Date: | CBL: 132 1008001 |
|------------------------------|--------------------|----------------------------|

| | | | |
|---|--|--|-----------------------------|
| Location of Construction: 3 MATTHEWS ST | Owner Name: LITTLEFIELD FARM LLC | Owner Address: 153 ANDOVER ST | Phone: |
| Business Name: | Contractor Name: Richard Profeno | Contractor Address: 58 Christy Rd Portland | Phone: 2077974953 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | Zone: |

| | | | | |
|--|--|---|--|---------------------------|
| Past Use: 2 unit Duplex | Proposed Use: 2 unit Duplex - install a Weil - McLain direct vent natural gas boiler in Basement | Permit Fee: \$180.00 | Cost of Work: \$16,000.00 | CEO District: 5 |
| Proposed Project Description: install a Weil - McLain direct vent natural gas boiler in Basement | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type: | |
| | | 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: Idobson | Date Applied For: 07/10/2008 | Zoning Approval | |
|------------------------------------|--|------------------------|--|

| | | | |
|---|---|---|---|
| <ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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: |
| |  | | |

CERTIFICATION

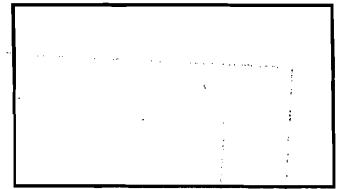
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 |



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



132-I8

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 / CBL 3 MATTHEWS ST Use of Building 2 Family Rts Date 7-10-08

Name and address of owner of appliance LARRY STROUVANT

Installer's name and address RICHARD A. PROFFERNO 58 CHRISTY RD
PORTLAND, ME Telephone 671-4608

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: WEL-MCLAIN

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 702
- Other _____

Type of Chimney:

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

Type of Fuel Tank

- Oil
- Gas NATURAL

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 16000.00

Permit Fee: \$ 180

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer Richard A. Profferno

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy