| City of Portland, I                                                                                                                                                                                                                                                                                                                                                                                                 | Maine - B     | uilding or Use   | Permi                                             | t Applica                             | ation                                   | Permit No:                                                                                     | Issue Date:                | CBL:                  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|---------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------|
| 389 Congress Street,                                                                                                                                                                                                                                                                                                                                                                                                | 04101 Tel     | : (207) 874-8703 | , Fax: (                                          | (207) 874                             | -8716                                   | 08-1409                                                                                        |                            | 133 E009001           |      |
| Location of Construction: Owner Name:                                                                                                                                                                                                                                                                                                                                                                               |               |                  | Owner Address:                                    |                                       |                                         | Phone:                                                                                         |                            |                       |      |
| 63 BRENTWOOD ST E                                                                                                                                                                                                                                                                                                                                                                                                   |               | BUSBY MAT        | BUSBY MATTHEW SHAWN & A                           |                                       |                                         | 63 BRENTWOOL                                                                                   |                            |                       |      |
| Business Name:<br>Lessee/Buyer's Name                                                                                                                                                                                                                                                                                                                                                                               |               | Contractor Name  | Contractor Name:                                  |                                       |                                         | Contractor Address:                                                                            |                            | Phone                 |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               | Frost N Flame    | Frost N Flame                                     |                                       |                                         | 629 Main St. Gorl                                                                              | 2078567000                 |                       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               | Phone:           |                                                   |                                       |                                         | ermit Type:                                                                                    | Zone:                      | -                     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                                                   |                                       |                                         | HVAC                                                                                           | <u></u> 2.                 | 2                     |      |
| Past Use:                                                                                                                                                                                                                                                                                                                                                                                                           | Proposed Use: |                  |                                                   |                                       | Permit Fee: Cost of Work: CEO District: |                                                                                                |                            |                       |      |
| Single Family Home                                                                                                                                                                                                                                                                                                                                                                                                  |               |                  | Single Family Home - in<br>F 500 woodstove on 1st |                                       |                                         | \$30.00                                                                                        | \$1,000.00                 | ) 5<br>PECTION:       |      |
| Proposed Project Description:                                                                                                                                                                                                                                                                                                                                                                                       |               |                  |                                                   |                                       |                                         | FIRE DEPT: Approved INSPECTION:<br>Denied Use Group: 2.3 Type:<br>USE Group: 2.3 Type:<br>UFPA |                            |                       |      |
| install a Jotul F 500 woodstove on 1st floor                                                                                                                                                                                                                                                                                                                                                                        |               |                  |                                                   |                                       |                                         | Signature: Signature:                                                                          |                            |                       |      |
| × a                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                  |                                                   | PEDESTRIAN ACTIVITIES                 |                                         | VITIES DISTRIC                                                                                 | TRICT (P.A.D               |                       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                                                   | Action: Approved A                    |                                         | ed Approved                                                                                    | proved w/Conditions Denied |                       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                                                   |                                       |                                         | Signature: D                                                                                   |                            | Date:                 |      |
| Permit Taken By: Date Applied For:                                                                                                                                                                                                                                                                                                                                                                                  |               |                  |                                                   | Zoning Approval                       |                                         |                                                                                                |                            |                       |      |
| ldobson                                                                                                                                                                                                                                                                                                                                                                                                             |               | /03/2008         | Sne                                               | Special Zone or Reviews Zoning Appeal |                                         |                                                                                                | Historic Preservation      | 1                     |      |
| <ol> <li>This permit application does not preclude the<br/>Applicant(s) from meeting applicable State and<br/>Federal Rules.</li> <li>Building permits do not include plumbing,<br/>septic or electrical work.</li> <li>Building permits are void if work is not started<br/>within six (6) months of the date of issuance.<br/>False information may invalidate a building<br/>permit and stop all work</li> </ol> |               |                  | Shoreland                                         |                                       | /                                       |                                                                                                |                            | Thistoric reservation |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  | Wetland FloodZone Subdivision                     |                                       |                                         | 🗌 Miscellar                                                                                    | neous                      | Does Not Require Re   | view |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                                                   |                                       |                                         | Conditional Use                                                                                |                            | Requires Review       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  |                                                   |                                       |                                         |                                                                                                |                            | Approved              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  | 🗌 Sit                                             | e Plan                                |                                         |                                                                                                | d                          | Approved w/Condition  | ons  |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  | Maj 🗌 Minor 🗌 MM [                                |                                       |                                         | ] Denied                                                                                       |                            | Denied                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                  | Date:                                             | 11/4/68                               |                                         | Date:                                                                                          |                            | Date: 11/4/08         |      |
| <u>C</u> II · · · ·                                                                                                                                                                                                                                                                                                                                                                                                 | · ·           |                  |                                                   | *                                     |                                         |                                                                                                |                            |                       |      |

## 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                                                                                                                        |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 10 to 20 to 10 to |                                                                                                                                      |  |  |  |  |
| accordance with the Laws of Maine, the Building Code of t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Use of Building residence Date 10/3/38<br>Bisby 63 Brentwood St-<br>Hind ME 67103                                                    |  |  |  |  |
| Location of appliance:<br>Basement X Floor 1 S+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Type of Chimney:<br>Masonry Lined                                                                                                    |  |  |  |  |
| □ Attic □ Roof<br>Type of Fuel:<br>□ Gas □ Oil → Solid ↓ oo ⊥<br>Appliance Name: ↓ oo d Store<br>U.L. Approved □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul> <li>Factory built</li> <li>Metal<br/>Factory Built U.L. Listing #</li> <li>Direct Vent<br/>Type UL#</li> </ul>                  |  |  |  |  |
| Will appliance be installed in accordance with the manufacture's installation instructions? Yes INO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Type of Fuel Tank<br>Gil<br>Gas                                                                                                      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Size of Tank                                                                                                                         |  |  |  |  |
| The Type of License of Installer:         Master Plumber #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Number of Tanks         Distance from Tank to Center of Flame         Cost of Work:       § 1 / 000 /         Permit Fee:       § 30 |  |  |  |  |
| <u>Approved</u> Fire: Ele.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Approved with Conditions<br>See attached letter or requirement                                                                       |  |  |  |  |
| Bldg.:<br>Signature of Installer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspector's Signature Date Approved                                                                                                  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pink - Applicant's Gold - Assessor's Copy                                                                                            |  |  |  |  |

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