ocation of Construction: 27 BRENTWOOD ST	Owner Name:		Owner Address	1	Phone	1	
	SINCLAIR M	SINCLAIR MARK A & ANDREA		OT ST		1	
Susiness Name:		Contractor Name:		Contractor Address: UN OF Page Phone			
Donald Leclair		r			20764269		
.essee/Buyer's Name	Phone:		Permit Type: HVAC			Zone:	
ast Use:	Proposed Use:	Proposed Use:		Cost of Work:	CEO District:	<u> </u>	
Two Family		Two Family install a Rinnaii heater		\$1,200.0	0 5		
			FIRE DEPT:	Approved INS	SPECTION:	_ :14/4	
				Denied Us	se Group: \mathcal{O}	Type:	
				$A \perp$	Shite Go	us Key	
Proposed Project Description:			Defined Use Group: Use Group: Type: #VA				
Install a Rinnaii heater		Signature:		gnature:	$\overline{}$		
			PEDESTRIAN ACTIVITIES DISTRIC		CT (P.A.D.)		
			Action: Approved Approved w/Conditions		Denied)		
			Signature:		Date:		
Permit Taken By: Date Applied For:			Zoning	Zoning Approval			
dmartin	10/31/2006	Special Zone or Revi	Aws Zoni	ng Appeal	Historic Pres		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	Variano		Mot in Distric		
 Building permits do not include plumbing, septic or electrical work. 		Wetland	Miscell	aneous	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 permit and stop all work		Flood Zone	Conditi	onal Use	Requires Review		
		Subdivision	Interpre	Interpretation Approved			
		Site Plan	Approv	ed	Approved w/0	Conditions	
		Maj Minor MM	1 Denied		Denied	ريا سمبر ال	
Sca		Date: Wither	national			\rightarrow	
7(9)	r on n	Date:	Date:		Date:	,/	





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

	135 E ON
	PERMITISSUED
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•	1.5

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

• • • • •	o install the following heating, cooking or power equipment in e of the City of Portland, and the following specifications:			
Location / CBL 27 Brent Lood St. Name and address of owner of appliance Mark 5,00				
Name and address of owner of appliance	an 27 Brestwood St			
Installer's name and address Dorald Lellain 2	21 Milt Brown Rd Standish Me. 04084			
Location of appliance:	Type of Chimney:			
☐ Basement ☐ Floor	☐ Masonry Lined			
☐ Attic ☐ Roof	Factory built			
The section of the se				
Type of Fuel. Gas Gil Solid	☐ Metal			
Gas Oil Solid	Factory Built U.L. Listing #			
Appliance Name: Kinnaii	Direct Vent			
U.L. Approved Yes No	Type Kings UL#			
	турс у			
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No No No	□ Oil Natural - Gas Meter □ Gas			
	Size of Tank			
The Type of License of Installer: Master Plumber #	Number of Tanks			
□ Solid Fuel #	Distance from Tank to Center of Flame feet.			
Oil #	Cost of Works 6 4000 00			
Gas # 3569	Cost of Work: \$_/200.00 Permit Fee: \$40.00			
Other	Permit Fee: \$			
Approved	Approved with Conditions			
Fire:	☐ See attached letter or requirement			
Ele.:	- -			
Signature of Installer	Inspector's Signature Date Approved			
				