City of Portland, M		_			n [05-1026	PERM	AIT ISS	SUED	B00	1001
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87 Location of Construction: Owner Name:						r Address:			Phone:	\dashv	
			sted Living Llc		2250	Megilel rist	S Se AUG	00 1	2005		
Business Name: Contractor						actor Address:			Phone	-1	
Jet Heat			ing			1935 Silverton Rd Sateva OF			1 1 1		
Lessee/Buyer's Name Phone:					Permit	t Type:	UIII UI	FUR	I L'ANU		Zone:
					<u> </u>		La . ev		CTO D1		K-50
		Proposed Use:		Permit Fee: Cost of Work: \$1,344.00 \$147,000.0				CEO Distri	ict:		
Commercial		Commercial Heating / Air in roof			\$1,344.00	' / 	INSPEC	4		<u> </u>	
					FIRE	DEPT:	Approved	Use Gro		7	Fvne:
							Denied		1-1	4	WAR
Proposed Project Description	on:				4				^	<u> </u>	/ i
Heating / Air in roof	.				Signat	ture (Aot.	(100	Signatu	re:XXX d	b7	128/05
					Action	n: Appro	oved Ap	proved w/	Conditions	I	Denied
					Signat	ture:			Date:		
Permit Taken By:	_	Applied For:				Zoning	g Approva	al			
dmartin	07/27	7/2005									
			Spe	ecial Zone or Revi	iews	Zon	ing Appeal		Historic		
			Shoreland		☐ Variance			Not in District or Landma			
			□ w	etland		Miscellaneous			Does Not Require Review		
			Flood Zone			Conditional Use			Requires Review		
			☐ Su	bdivision		Interpretation			Approved		
			Site Plan			Approved			Approved w/Conditions		
			Maj [Minor MM	1	Denied			Denied	4	
			Date	Mb 7/28	05	late:		Da	MI	6	
			IJ	1 /							
					ION:						
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to n, if a permit fo	o make this appli or work describe	med pro ication a d in the	as his authorize application is	the proped agent	t and I agree I certify that	to conform the code of	to all ap ficial's a	plicable la uthorized	aws of repres	f this sentative
SIGNATURE OF APPLICAL	NT			ADDRES	SS		DATE	Ξ		PHON	E

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

_	149	B001	•
			7
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accordance with the Laws of Maine, the Building Code of						
Name and address of owner of appliance Haliday Salem	Retrement Corp OR 97309					
Installer's name and address SET HEATING ODOX 7362 Salem OR' 9	7303 Telephone 800-659-0620					
Location of appliance:	Type of Chimney:					
Basement Floor	Masonry Lined					
Attic Roof	Factory built					
Type of Fuel:	☐ Metal					
☐ Gas Golid ☐ Solid	Factory Built U.L. Listing #					
Appliance Name: Hading & Hir						
Appliance Name: ////////////////////////////////////	□ Direcr Vent					
U.L. Approved \(\text{\texts}\) Yes \(\text{\texts}\) No	Type UL#					
Will appliance be Installed in accordance with the manufacture's	Type of Fuel Tank					
installation instructions? Yes \(\text{\text{\$\sigma}}\) No	□ Oil					
	□ Gas					
IF NO Explain;	.					
	Size of Tank					
The Type of License of Installer:	Number of Tanks					
☐ Master Plumber #						
Solid Fuel #	Distance from Tank to Center of Flame feet.					
O 011#	Cost of Work: \$ 147,000					
Oas #	Cost of Work: \$777,000					
Other HVAC 3944 OREGON	Permit Fee: \$ 13.4400					
Approved	Approved with Conditions					
Fire:	See attached letter or requirement					
	an an amount tout at yadan attent					
Ele.:						
Bldg.:	Inspector's Signature Date Approved					
Signature of Installer	JEFF ZEEB VP					
White Inspection Yellow - Pile	Pink - Applicant's Gold - Assessor's Copy					