389 Congress Street, 04101 Tocation of Construction: 0 Cornell St (23-25 Cambridge Street) Business Name: Lessee/Buyer's Name  Past Use: Duplex	Owner Name:	):		Owner Address: 14 Ashwood Dr			Phone:	
Business Name:  Lessee/Buyer's Name  Past Use:	Contractor Name Advanced Hea			14 Ashwood Dr			ł	
Lessee/Buyer's Name Past Use:	Advanced Hea				14 Ashwood Dr			
Past Use:		ating		Contractor Address: PO Box 520 Biddeford			Phone	
Past Use:	Phone:						20728307	63
		e:		Permit Type: HVAC				Zone:
Duplex	Proposed Use:			Permit Fee: Cost of Work:			O District:	1
	-	Duplex w/2 heating systems in		\$84.00	\$7,000	0.00		:
basements  Proposed Project Description:				FIRE DEPT: Approved IN U		INSPECTION Use Group:	NSPECTION: Jse Group: R-3 Type: BOLA MECHANICA 1993	
Install 2 heating systems in base	ments			' / '		Signature:		
and a nouning by storing in outse	inones			Signature: Signat  PEDESTRIAN ACTIVITIES DISTRICT (				
				Action: Appro		oved w/Con	•	Denied
				Signature:		Dat	te:	
i I	Pate Applied For: 07/09/2003	Zoning Approval						
		Special Zone or Review		ws Zoning Appeal			Historic Preservation	
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		☐ Shoreland		☐ Variance			Not in District of Landman	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		☐ Miscellaneous ☐ Conditional/Us ☐ Interpretation			☐ Does Not Require Review ☐ Requires Review ☐ Approved	
<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> <li>False information may invalidate a building</li> </ol>			bdivisige			'_		
permit and stop all work		Site Plan  Maj Minor MM		Approv	☐ Approved		Approved w/Conditions	
				Denied			Denied	
		Date:		Date:	Date:		Date:	
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a pernshall have the authority to enter a such permit.	ner to make this appli nit for work described	med pro cation a d in the	s his authorized application is is	e proposed work i l agent and I agree sued, I certify that	to conform to	all application	cable laws orized repre	of this esentative
SIGNATURE OF APPLICANT			ADDRESS	<u> </u>	DATE		PHO	NE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Portland, Maine - Bu	Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 Tel:	03-0819	07/09/2003	151A A009001		
Location of Construction:	Owner Name:	ŀ	Owner Address:	Phone:	
0 Cornell St (23-25 Cambridge St)	Soucy Gerald 1		14 Ashwood Dr		
Business Name:			Contractor Address:		Phone
			PO Box 520 Biddeford		(207) 283-0763
Lessee/Buyer's Name	Phone:	]	Permit Type: HVAC		
Proposed Use: Proposed Project Description:					
Duplex w/2 heating systems in base	ments	Install	2 heating systems i	n basements	
Dept: Zoning Status:	Approved	Reviewer:	Tammy Munson	Approval Da	ite: 07/16/2003
Note:					Ok to Issue: 🗹
Dept: Building Status: Note:  1) Installation shall comply with 19	Approved with Conditions 993 BOCA Mechanical Co		Tammy Munson  Maine Oil and Soli		Ok to Issue: 🗹
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## **APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT**

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2 Units

03-0819

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 23- 25 CAMbridge St. Use of Building Housing Date 2 Name and address of owner of appliance \_\_\_ Installer's name and address Advanced PO Box 520 Biddefond, ME 64005 Telephone (207 Location of appliance: Type of Chimney: **Basement** ☐ Floor Masonry Lined Attic Factory built \_\_\_\_\_ ☐ Roof Type of Fuel: ☐ Metal ☐ Gas ☐ Solid Factory Built U.L. Listing #\_\_\_ Appliance Name: Burn ham ☐ Direct Vent U.L. Approved Yes D No Will appliance be installed in accordance with the manufacture's \ Type of Fuel Tank installation instructions? Yes Gas IF NO Explain: Size of Tank 2 275 9A//on The Type of License of Installer: Number of Tanks ☐ Master Plumber # Distance from Tank to Center of Flame \_\_\_\_\_\_ feet. ☐ Solid Fuel # M Oil # MS 10005368 Cost of Work: \$13500 00 x2 :47,000 Permit Fee: **Approved Approved with Conditions**  Se attached letter or requirement Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_ Bldg.: \_\_\_\_

Inspector's Signature

Date Approved

Signature of Installer

White - Inspection Yellow - File Pink - Applicant's

Gold - Assessor's Copy