City of Portland, Maine - Building or Use Permit Applicatio						ermit No:	Issue Date:		CBL:	-
389 Congress Street, 0410	1 Tel: (207) 874-8703	, Fax:	(207) 874-871	6	08-0929			174 A013001	l
Location of Construction:		Owner Name:			Owner Address:				Phone:	
618 OCEAN AVE	JEWISH HOME FOR THE AGED			630 OCEAN AVE						
Business Name:		Contractor Name:			Contractor Address:				Phone	
		The Gerber Co., Inc.			4 Gray Road Falmouth				2077970500	
Lessee/Buyer's Name		Phone:		1	Permit Type:				Zone	
		<u> </u>		<u> </u>	HV	AC			<u> </u>	· 3
Past Use:	Proposed Use:			Perm	it Fee:	Cost of Work:		District:		
Commercial "The Cedars" Assisted Living		Commercial "				\$3,120.00	\$310,000.0		4	
		Living - New			FIRE	E DEPT:	Approved IN	SPECTION	DN:	LA
		Hydrotherm/Aaon/ Reznor		ZZIIOI			Denied	se Group:	Type:	MIK
				TO NEPA 1			1W	1-7003 1	1.	
Duamaged Dualact Descriptions	L			,,,	90 B		\mathcal{L}^{P}	ME Gas F	(all)	
Proposed Project Description: New HVAC units Hydrothe	rm/A aon	/ Reznor		Signature: Core 2 (438)			CASS	anatura:	To Type: C-2003 ME Gas F MB 8/4/0	10
incw it vac units riyulotic	Reziloi			PEDESTRIAN ACTIVITIES DISTRICT (P.			CT (P.A.)	11420111	<u> </u>	
									,	,
					Actio	Action: Approved Approved v		ea w/Con	w/Conditions Denied	
					Signa	ature:		Dat	e:	
Permit Taken By:	Date A	pplied For:			Zoning Approval					
ldobson	07/29	9/2008								
1. This permit application	does not	preclude the	Spe	ecial Zone or Revie	ws	Zoning	g Appeal		listoric Preservatio	n
Applicant(s) from meeting applications Federal Rules.		cable State and	☐ Sh	noreland	☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation			Not in District or Landmark		
2. Building permits do not septic or electrical work	plumbing,	□w	etland				Does Not Require Review			
3. Building permits are voi within six (6) months of		☐ FI	ood Zone				Requires Review Approved			
False information may in permit and stop all work	a building	∏ Sı	abdivision							
			S i	Site Plan		Approved			Approved w/Conditions	
PERM	UED	Maj Minor MM		Denied			Denied			
LTIVIA						per				
			Date: Slilas Af		Date:		Date:	1		
JUL 2 8 2003				2111-5 2/12					 -	
CITY OF PORTLAND										
UIITU		1 5 2.7 11 4 5 2								
			(CERTIFICATION	ON					
I hereby certify that I am the										
I have been authorized by the jurisdiction. In addition, if a										
shall have the authority to ent										
such permit.			. 1	,			F		(-)	
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHONE	
SIGNATURE OF APPLICANT ADDRESS							DATE		FHUNE	
								_		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						į	DATE		PHONE	
				$\alpha 1 \iota$	1/2	8 11	十く,	C / 2	. 1 A	MIR
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				į.						



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

accordance with the Laws of Maine, the Building Code of 194.13									
Name and address of owner of appliance JHA Properties									
Installer's name and address THE GERBER Co, Toc.	·								
	Telephone								
Location of appliance:	Type of Chimney:								
■ Basement □ Floor	☐ Masonry Lined								
☐ Attic ☑ Roof	Factory built								
Type of Fuel:	₩ Metal								
Gas 🗆 Oil 🗆 Solid	Factory Built U.L. Listing # MH 7860								
Appliance Name: Hydro: HERM / AROC / REZNOR	_ □ Direct Vent								
U.L. Approved ✓ Yes □ No	Type UL#								
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank								
installation instructions? Yes No									
	Gas NATURAL C								
IF NO Explain:	Gas NATURAL 39								
	Size of Tank								
The Type of License of Installer:	Number of Tanks								
☐ Master Plumber #									
□ Solid Fuel #	Distance from Tank to Center of Flame feet.								
Oil #	Cost of Work: \$ 910 000								
Y Gas # <u>PNT # 53</u>	Cost of Work: \$ 10000								
Other	Permit Fee: \$\frac{1}{5}\frac{1}{								
Approved	Approved with Conditions								
Fire:	See attached letter or requirement								
Ele.:									
Bldg.:									
2	Inspector's Signature Date Approved								
Signature of Installer TH	F GENERI CO, INV.								