

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703. Fax: (207) 874-8716

Permit No: 05-1166	Issue Date: SEP - 8 2005	LBL: 189 A031001
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Location of Construction: 1230 CONGRESS ST	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	Phone:
Business Name:	Contractor Name: Bellino - Grasso	Contractor Address: 980 Riverside St Portland	Phone: 2078782087
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: C-19

Past Use: Commercial	Proposed Use: Commercial/ Install a Direct vent gas trane unit in attic	Permit Fee: \$237.00	Cost of Work: \$24,000.00	CEO District: 3
Proposed Project Description: Install a Direct vent gas trane unit in attic		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NEPA QDA	INSPECTION: Use Group: B Type HVAC	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 9/7/05	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 08/15/2005	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>[Signature]</i> 9/7/05	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>
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**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

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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. 848 Congress St Use of Building Office Date \_\_\_\_\_  
 Name and address of owner of appliance MARIE HEART Surgical Associates  
847 Congress St Portland, Maine 04101  
 Installer's name and address BELLINO-GROSSO INC, 980 Riverside St Portland ME  
04103 Telephone 207-878-2087

### Location of appliance:

- Basement  Floor  
 Attic  Roof

### Type of Fuel:

- Gas  Oil  Solid

### Appliance Name:

TRANE

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # \_\_\_\_\_  
 Solid Fuel # \_\_\_\_\_  
 Oil # \_\_\_\_\_  
 Gas # PNT2300  
 Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
 Factory built \_\_\_\_\_  
 Metal  
 Factory Built U.L. Listing # \_\_\_\_\_  
 Direct Vent  
 Type B Gas Vent UL# \_\_\_\_\_

### Type of Fuel Tank

- Oil  
 Gas

Size of Tank NATURAL

Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ 24,000

Permit Fee: \$ 237

### Approved

Fire: \_\_\_\_\_

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

Bldg.: JMB

### Approved with Conditions

- See attached letter or requirement

Inspector's Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Signature of Installer [Signature]

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<b>Location of Construction:</b> 1230 CONGRESS ST	<b>Owner Name:</b> OLYMPIA EQUITY INVESTORS	<b>Owner Address:</b> 280 FORE ST STE 202	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Bellino - Grasso	<b>Contractor Address:</b> 980 Riverside St Portland	<b>Phone:</b> (207) 878-2087
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Commercial/ Install a Direct vent gas trane unit in attic	<b>Proposed Project Description:</b> Install a Direct vent gas trane unit in attic
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 09/07/2005  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 09/07/2005  
**Note:**      **Ok to Issue:**

1) The installation must comply with the State of Maine Gas Regulations.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 08/18/2005  
**Note:**      **Ok to Issue:**

1) Install to manufacturer's specifications.  
Install to NFPA 90A



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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Location / CBL 848 Congress St Use of Building Office Date \_\_\_\_\_  
 Name and address of owner of appliance MAINE HEART SURGICAL ASSOCIATES  
887 Congress St Portland, Maine 04101  
 Installer's name and address Bellino-Grosso Inc, 980 Riverside St, Portland Me  
04103 Telephone 207-878-2087

### Location of appliance:

- Basement  Floor  
 Attic  Roof

### Type of Fuel:

- Gas  Oil  Solid

Appliance Name: TRANE

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # \_\_\_\_\_  
 Solid Fuel # \_\_\_\_\_  
 Oil # \_\_\_\_\_  
 Gas # PNT2300  
 Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
 Factory built \_\_\_\_\_

- Metal  
 Factory Built U.L. Listing # \_\_\_\_\_

- Direct Vent  
 Type B Gas Vent

### Type of Fuel Tank

- Oil  
 Gas

Size of Tank NATURAL

Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ 24,000

Permit Fee: \$ 237



### Approved

Fire: \_\_\_\_\_  
 Ele.: \_\_\_\_\_  
 Bldg.: [Signature]

### Approved with Conditions

- See attached letter or requirement

Signature of Installer [Signature]

Inspector's Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

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# CITY OF PORTLAND, MAINE

## Department of Building Inspections

\_\_\_\_\_ 0-18 \_\_\_\_\_ 20 05 \_\_\_\_\_

Received from Bellino GROSSO Inc.

Location of Work 048 Congress St.

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 227.00

Building (IL)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other HVAC

CBL: 109 A31

Check #: 1472

Total Collected \$ \_\_\_\_\_

# THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy