

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-1782	Issue Date:	CBL: 194 B005001
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Location of Construction: 27 CAPISIC ST	Owner Name: ST JOSEPH'S CONVENT & HOSPIT	Owner Address: 605 STEVENS AVE	Phone:
Business Name:	Contractor Name: Johnson & Jordan	Contractor Address: 18 Mussey Road Scarborough	Phone 2078838345
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Commercial	Proposed Use: Commercial install a Trane in the attic	Permit Fee: \$156.00	Cost of Work: \$14,800.00	CEO District: 3
Proposed Project Description: Install a Trane in the attic		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

Permit Taken By: dmartin	Date Applied For: 12/08/2005	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:
	Date:	Date:	Date:

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved	Reviewer: Tammy Munson	Approval Date: 12/20/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 12/20/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) The installation must comply with the State of Maine Gas Regulations.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 12/12/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) All building construction to comply with NFPA 101			
2) Furnace install to comply with NFPA 58			

Comments:
12/16/05-tmm: need stamped plans - called and spoke w/installer

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