	tion of Construction:	Owner Name:		Owner	Address:	CEC	2 1- 21	Phone:	
27 (CAPISIC ST	ST JOSEPH'S	CONVENT & HOSP	605 5	STEVENS A	VE			
Busi	ness Name:	Contractor Name	:		ector Address:	OITY OF	DADI	Phone	
		Johnson & Jor	dan	18 M	lussey Road	Scarborough	PUR	-20788	38345
Less	ce/Buyer's Name	Phone:		Permit HV	Type: AC				Zone:
ast	Use:	Proposed Use:		Permi	t Fee:	Cost of Work:	C	EO District	:
Cor	mmercial	Commercial in	install a Trane in the		\$156.00	\$14,800	.00	3	
		attic		FIRE	DEPT:	Approved 1	NSPECT	ION:	
					17	Denied	Use Grou	p: U	Type: HV
				TI		24			1/1/
					0	8	IBO	200	Stated
rop	osed Project Description:			An	0 3	0	(1	1
Inst	tall a Trane in the attic			and the same of th		a (498)			
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				Action	: Approv	red Appro	oved w/Co	onditions	Denied
				Signat	ture		D	ate:	
Pern	nit Taken By: D	ate Applied For:			Zoning	Approval			
dπ	nartin	12/08/2005							
1.	This permit application doe	s not preclude the	Special Zone or Revi	iews	Zonir	ng Appeal		Historic F	reservation
	Applicant(s) from meeting a Federal Rules.		Shoreland		☐ Variance	e	F.	Not in Di	strict or Landmai
2.	Building permits do not include septic or electrical work.	lude plumbing.	Wetland		☐ Miscella	ineous	1	Does Not	Require Review
		work is not started	Flood Zone		Condition	onal Nsc	E	Requires	Review
	Building Dermits are void if	 Building permits are void if work is not started within six (6) months of the date of issuance. 			_	P		1	
		date of issuance.							
	within six (6) months of the False information may inval		Subdivision		☐ Interpret	ation		Approved	1
	within six (6) months of the		Subdivision			1		Approved	1
	within six (6) months of the False information may inval		Site Plan		☐ Interpret	1		10	w/Conditions
3.	within six (6) months of the False information may inval			1 0		1		10	

CERTIFICATION

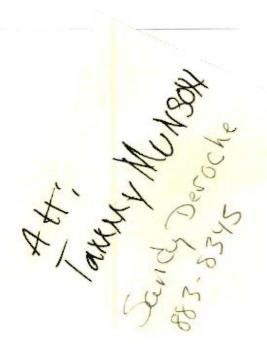
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

		ilding or Use Permit (207) 874-8703, Fax: (20	7) 874-8716	Permit No: 05-1782	Date Applied For: 12/08/2005	CBL: 194	B005001
Location of Construction:		Owner Name:		Owner Address:		Phone:	
27 CAPISIC ST		ST JOSEPH'S CONVEN	T & HOSP	605 STEVENS A	VE		
Business Name:		Contractor Name:		Contractor Address:		Phone	
		Johnson & Jordan		18 Mussey Road S	Scarborough	(207)	883-8345
Lessee/Buyer's Name		Phone:		Permit Type: HVAC			
Proposed Use:			Propose	d Project Description	:		
Commercial install a Trane in the attic			Install	a Trane in the atti-	c		
Dept: Zoning Note:	Status:	Approved	Reviewer	Tammy Munson	Approval I	Oate: Ok to l	12/20/20 [ssue: ☑
Dept: Building	Status:	Assessed with Gardinian	Daviana	: Tammy Munson	Approval I		
		Approved with Conditions	Keviewer	1 ammy Munson	Approvari	Date:	12/20/20
Note:		Approved with Conditions	Keviewer	Taminy Munson	Approvari	Ok to l	
Note:	t comply wi	th the State of Maine Gas Re		Taminy Muison	Approvari		
Note:		AL SOURCE STANDARD	gulations.	: Cptn Greg Cass	Approval I	Ok to	
Note: 1) The installation mus		th the State of Maine Gas Re	gulations.	2,000,00		Ok to l	lssue: ⊻
Note: 1) The installation mus Dept: Fire	Status:	th the State of Maine Gas Re	gulations.	2,000,00		Ok to l	Issue: ☑ 12/12/20

Comments:

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



	1aine - Building or Use Permit 04101 Tel: (207) 874-8703, Fax: (2		Permit No: 05-1782	Date Applied For: 12/08/2005	CBL: 194 B005001
Location of Construction: 27 CAPISIC ST	Owner Name: ST JOSEPH'S CONVE		Owner Address: 605 STEVENS A	VE	Phone:
Business Name: Contractor Name: Johnson & Jordan		Contractor Address: 18 Mussey Road Scarborough		Phone (207) 883-8345	
Lessee/Buyer's Name	Phone:		Permit Type: HVAC	<u>-</u>	
Proposed Use: Commercial install a T Dept: Zoning Note:	Status: Approved	Instal	ed Project Description Il a Trane in the atti-	c	Date: 12/20/2005 Ok to Issue: ☑
Dept: Building Note: 1) The installation mu	Status: Approved with Conditions		: Tammy Munson	Approval I	Date: 12/20/2005 Ok to Issue: ☑
Dept: Fire Note:	Status: Approved with Conditions	Reviewer	: Cptn Greg Cass	Approval I	Date: 12/12/2005 Ok to Issue: ✓
All building construction Furnace install to construction	omply with NFPA 101				

Comments:

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



CITY OF PORTLAND, MAINE

Department of Building Inspections

0.00 20 7
Received from Le / Miscon E. J. Markette
Location of Work V7 (April 6 St.
Cost of Construction \$ Permit Fee \$
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other HVHC
CBL: 194 13 COS
Check #: 1689 Total Collected \$ 150.00

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



APPLICATION FOR PERMIT **HEATING OR POWER EQUIPMENT**

194	1 6	3 0	105	
	194	194 6	194 B C	194 8 005

To the INSPECTOR OF BUILDINGS PORTLAND ME.

in the marketon or bothomic	O. I OKILATIO, IIII.			
The undersigned hereby appli	es for a permit to inst	all the following hea	ting, cooki <mark>ng</mark> or pe	wer equip <mark>ment in</mark>
accordance with the Laws of Maine,	the Building Code of t	he City of Portland,	and the following	specifications:
			. 1	1-1
Location / CBL		Use of Building	hape	Date 128/
Location / CBL Name and address of owner of appliance _	Saint Lossel	ons Convert		
The time and the second of the second of	27 (00000	L		

Name and address of owner of appliance Saint Hosep 27 (apisic St	hs convent
Installer's name and address Johnson + Jordan	Telephone 883-8345
Location of appliance:	Type of Chimney:
□ Pasement □ Ploor	☐ Masonry Lined
☑ Attic ☐ Roof	Factory built
Type of Fuel: Gas	Metal Factory Built U.L. Listing # Direct Vent Type PVC UL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions? We Yes D No	D Kil
IF NO Explain:	Gas
	Size of Tank 100 gal
The Type of License of Installer:	Number of Tanks
Master Plumber #	II CI
Solid Fuel #	Distance from Tank to Center of Flame 45' feet.
Gas # DIT 1928 FECEIVED	Cost of Work: S_14,800
DY Gas # PUT MOO FIECHVED	

ne Type of License of fuscaner.		Number of Tanks
☐ Master Plumber #		
□ Solid Fuel #	DEC -8	Distance from Tank to Center of Flame 45
□ Øil #	and I have been	1/1 9/20
12 Gas # PUT 1928	RECEIVED	Cost of Work: S_/H, OCC
[1] Other		B 151.00

Approved	Approved with Conditions
Fire:	See attached letter or requiremen
Fle	

Bldg.: ___ Inspector's Signature Date Approved

Signature of Installer

Yellow - File White - Inspection

Pink - Applicant's

Gold - Assessor's Copy