

## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

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 RIVERS EDGE LOTG  | Use of Building Date 12/9/03  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Name and address of owner of appliance RISBALA BROS.   | KTI SCHRBURG  |  |  |  |  |  |
| Installer's name and address TERRY ANDREWS (C  | Telephone 846-7745  |  |  |  |  |  |
| Location of appliance:  Basement Roof  | Type of Chimney:  ☐ Masonry Lined  Factory built  |  |  |  |  |  |
| Type of Fuel:  Appliance Name: LENNEX TREPLACE.  | ☐ Metal Factory Built U.L. Listing #  Direct Vent   |  |  |  |  |  |
| U.L. Approved ♀ Yes □ No  Will appliance be installed in accordance with the manufacture's installation instructions? ♀ Yes □ No  IF NO Explain: | Type UL#  Type of Fuel Tank  Oil  Gas   |  |  |  |  |  |
| The Type of License of Installer:  Master Plumber #  Solid Fuel #  Oil #  Gas # PN 1 4メアス  Other   | Number of Tanks  Distance from Tank to Center of Flame feet.  Cost of Work: \$ 12/10 \times 10 \t |  |  |  |  |  |
| Approved  Fire: Ele.: Bldg.: Signature of Installer \ Jewy Auchteu.  | Approved with Conditions  See attached letter or requirement  Inspector's Signature  Date Approved  |  |  |  |  |  |
| Signature of Installer Jung (WYWW)   |   |  |  |  |  |  |

| City o   | f Portland, Maine   | e - Buil              | ding or Use                         | Permi                               | t Applicatio                    | n Per                   | rmit No:                        | Issue Date             | ::                                  | CBL:                                    |                     |  |
|--|---|-----------------------|-------------------------------------|-------------------------------------|---------------------------------|-------------------------|---------------------------------|------------------------|-------------------------------------|---|---------------------|--|
| -  | ongress Street, 0410  |                       | ~                                   |                                     |                                 | i                       | 03-1493                         |                        |                                     | 217 AC                                  | )36001              |  |
| Location of Construction: Owner Name:                                |   |                       |                                     |                                     |                                 | Owner Address:          |                                 |                        |                                     | Phone:                                  |                     |  |
| 0 Rivers Edge Dr Risbara Bros  |   |                       |                                     | Constru                             | ction Co Inc                    | Po Box 485              |                                 |                        |                                     |   |                     |  |
| Business Name: Contractor  |   |                       | Contractor Name                     | ame:                                |                                 |                         | actor Address:                  |                        |                                     | Phone                                   |                     |  |
| n/a Qualit   |   |                       | Quality Insula                      | ality Insulation                    |                                 |                         | Oowneast Dri                    | 2078467745             |                                     |   |                     |  |
| Lessee/Buyer's Name Phone:   |   |                       | Phone:                              | ::                                  |                                 |                         | Permit Type:                    |                        |                                     |   | Zone:               |  |
| n/a n/a  |   |                       | n/a                                 | √a                                  |                                 |                         | HVAC                            |                        |                                     |   | CB                  |  |
| Past Use: Propose  |   |                       | Proposed Use:                       | roposed Use:                        |                                 |                         | Permit Fee: Cost of Work:       |                        |                                     | CEO District: R3                        |                     |  |
| Single Family Single Famil system                                    |   |                       | Single Family                       | Single Family / Install gas heating |                                 |                         | \$39.00 \$1,21                  |                        | 15.00                               | 3 Cor                                   |                     |  |
|  |   |                       | system                              |                                     |                                 | FIRE                    | FIRE DEPT: App                  |                        | INSPE                               | PECTION:                                |                     |  |
|  |   |                       | 1                                   |                                     |                                 |                         |                                 |                        | Use G                               | roup:                                   | Type:               |  |
|  |   |                       | :                                   |                                     |                                 |                         | L                               |                        | IR.                                 | R3 HEAR                                 |                     |  |
|  |   |                       |                                     |                                     |                                 | ]                       |                                 |                        | 1 2                                 | BOCA 1993 Signature: MB 12/29/3         |                     |  |
| _  | l Project Description:  |                       | -                                   |                                     |                                 | 7   <i>1</i>            |                                 |                        |                                     |   | M 12 12 60 / 12     |  |
| Install  | gas heating heating sys   | stem.                 |                                     |                                     |                                 |                         | Signature: Signature            |                        |                                     |   | : XMB 1212913       |  |
|  |   |                       |                                     |                                     |                                 |                         |                                 |                        |                                     | CT (P.A(D.)                             |                     |  |
|  |   |                       |                                     |                                     |                                 |                         |                                 |                        |                                     | w/Conditions Denied                     |                     |  |
|  |   |                       |                                     |                                     | Signature:                      |                         |                                 |                        |                                     | Date:                                   |                     |  |
| Permit T   | aken By:  | Date Ar               | oplied For:                         |                                     | <u></u>                         |                         |                                 |                        |                                     |   |                     |  |
| gg 12/09/2003  |   |                       |                                     |                                     |                                 | Zoning Approval         |                                 |                        |                                     |   |                     |  |
| 1. Th  | is permit application of  | loes not              | preclude the                        | Spe                                 | cial Zone or Rev                | iews                    | vs Zoning Appeal                |                        |                                     | Historic Preservation                   |                     |  |
| Applicant(s) from meeting applicable State Federal Rules.            |   |                       |                                     | St                                  | oreland GON                     | ed                      | √ Variance                      |                        |                                     | Not in District or Landmark             |                     |  |
|  | Building permits do not include plumbing, septic or electrical work.  |                       |                                     | □ Wetland (V)                       |                                 |                         | Miscellaneous                   |                        |                                     | Does Not Require Review                 |                     |  |
| 3. Bu  | <del>-</del>  |                       |                                     | ☐ Fl                                | ood Zone                        | J.mrs                   | Conditional Use                 |                        |                                     | Requires Review                         |                     |  |
| False information may invalidate a building permit and stop all work |   |                       |                                     | ☐ Su                                | ood Zone<br>obdivision          | 0711                    | [D] Interpretation              |                        |                                     | Approved                                |                     |  |
|  |   |                       |                                     | ☐ Si                                | te Plan                         | ,                       | Approved                        |                        |                                     | Approved w/Conditions                   |                     |  |
|  |   |                       |                                     | l <del>.</del>                      | Minor MM                        |                         | !                               |                        |                                     | Denied                                  |                     |  |
|  |   |                       |                                     | Date:                               | 2/29/030                        | MB Date:                |                                 |                        |                                     | Date: 12/29/03 JMB                      |                     |  |
| Date: 12 21 03   |   |                       |                                     |                                     |                                 |                         | 1                               |                        |                                     | 1 |                     |  |
| I have b<br>jurisdict  | certify that I am the of the end of the control of | owner to<br>permit fo | make this appli<br>r work described | med proication a                    | as his authorize application is | the proped agentissued, | t and I agree<br>I certify that | to conform the code of | to all a <sub>l</sub><br>ficial's a | pplicable laws<br>authorized repi       | of this resentative |  |
| SIGNAT   | URE OF APPLICANT  |                       |                                     |                                     | ADDRES                          | SS                      |                                 | DATE                   | ,                                   | РНС                                     | ONE                 |  |
| RESPON   | ISIBLE PERSON IN CHAF   | RGE OF W              | ORK, TITLE                          | <del></del>                         | <del></del>                     |                         |                                 | DATE                   |                                     | PHO                                     | NF                  |  |
|  |   |                       | ,                                   |                                     |                                 |                         |                                 |                        |                                     | 1110                                    |                     |  |