

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

<b>PERMIT ISSUED</b>	
Permit No: 03-0049	Issue Date: FEB 10-2003
CBL: 218 C009001	

<b>Location of Construction:</b> 1375 Westbrook St	<b>Owner Name:</b> Fanning Diane Diconzo	<b>Owner Address:</b> 1375 Westbrook St <b>CITY OF PORTLAND</b>	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Amerigas	<b>Contractor Address:</b> P.O. Box 559 Lewiston	<b>Phone:</b> 2077860671
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	<b>Zone:</b> R-2

<b>Past Use:</b> Single Family	<b>Proposed Use:</b> Single Family	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$30.00	<b>CEO District:</b> 3
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: R3 Type: Heat	

**Proposed Project Description:**  
Install Gas Direct Vent Heating System in Basement

Signature: \_\_\_\_\_ Date: 2/10/03

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> gad	<b>Date Applied For:</b> 01/22/2003	<b>Zoning Approval</b>
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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..	<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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<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	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: 1/28/03 OK - with conditions	Date: _____ TO D.A. 1/28/03	Date: _____ DA 2/5/03

**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 \_\_\_\_\_

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<b>Business Name:</b>	<b>Contractor Name:</b> Amerigas	<b>Contractor Address:</b> P.O. Box 559 Lewiston	<b>Phone</b> (207) 786-0671
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Single Family	<b>Proposed Project Description:</b> Install Gas Direct Vent Heating System in Basement
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**Dept:** Historical      **Status:** Approved      **Reviewer:** Deborah Andrews      **Approval Date:** 02/05/2003  
**Note:**      **Ok to Issue:**

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 01/28/2003  
**Note:** 1375 Westbrook ST      **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

**Dept:** Building      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 02/10/2003  
**Note:**      **Ok to Issue:**

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**Note:**      **Ok to Issue:**



FILL IN AND SIGN WITH

PERMIT ISSUED

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

CITY OF PORTLAND

03-0049

518 6009

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 1375 Westbrook ST Use of Building Private home Date 1-22-03  
 Name and address of owner of appliance DIANE DICANZO  
1375 Westbrook St ~~West~~ Portland ME 04102  
 Installer's name and address AMERIGAS 49-47<sup>RD</sup> Box 559  
Lewiston ME 04243-0559 Telephone 286-0671

**Location of appliance:**  
 Basement       Floor  
 Attic             Roof

**Type of Fuel:**  
 Gas       Oil       Solid

**Appliance Name:** \_\_\_\_\_  
 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 # PN 1858  
 Other \_\_\_\_\_

**Type of Chimney:**  
 Masonry Lined  
 Factory built \_\_\_\_\_  
 Metal  
 Factory Built U.L. Listing # \_\_\_\_\_  
 Direct Vent  
 Type \_\_\_\_\_ UL# \_\_\_\_\_

**Type of Fuel Tank**  
 Oil  
 Gas

**Size of Tank** TM 120

**Number of Tanks** 1

**Distance from Tank to Center of Flame** 25 1/2 feet.

**Approved**

**Approved with Conditions**

Fire: \_\_\_\_\_  
 Ele.: \_\_\_\_\_  
 Bldg.: \_\_\_\_\_

See attached letter or requirement

Signature of Installer Wendy Ram