

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0399	Issue Date:	CBL: 238 A002001
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Location of Construction: 49 BLUEBERRY RD	Owner Name: MANSIR LLC	Owner Address: 40 MERCIER WAY	Phone:
Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone: 2077742300
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: E-M

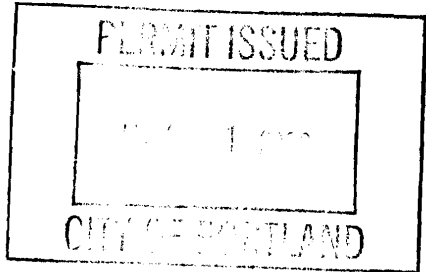
Past Use: Commercial - Camp Bow Wow - Connected w/ permit#071180	Proposed Use: Commercial - Camp Bow Wow - Connected w/ permit#071180 - install York Furnace/Airhandlers & Outdoor Condensing units	Permit Fee: \$500.00	Cost of Work: \$48,000.00	CEO District: 3
Proposed Project Description: install York Furnace/Airhandlers & Outdoor Condensing units		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>V/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Hvac</i> <i>July 2008</i>	

Signature:	Signature:
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: 04/23/2008	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan MA <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM Date: <i>4/24/09</i>	Zoning Appeal <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:	Historic Preservation <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:
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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

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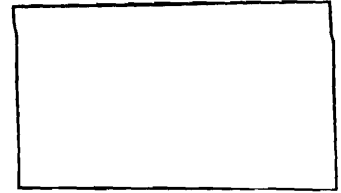
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 04/24/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) The HVAC system shall conform to the noise regulations listed for the underlying I-M Zone.			
Dept: Building	Status: Approved	Reviewer: Tammy Munson	Approval Date: 05/01/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		



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 49 Blueberry Rd. Use of Building day day care Date 4/17/08
Name and address of owner of appliance Camp Bow Wow

Installer's name and address AIRTEMP 11 Wallace Ave.
South Portland, ME 04106 Telephone 774-2300

Location of appliance:

Basement Floor
 Attic Roof
above suspended ceiling

Type of Fuel:

Gas Oil Solid

Appliance Name: YORK

U.L. Approved Yes No

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

IF NO Explain: _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type PVC Pipe UL# _____

Type of Fuel Tank

Oil N/A
 Gas N/A

Size of Tank N/A

Number of Tanks N/A

Distance from Tank to Center of Flame N/A feet.

Cost of Work: \$ 48,000

Permit Fee: \$ 500

The Type of License of Installer:

Master Plumber # _____

Solid Fuel # _____

Oil # _____

Gas # PWT 1977

Other _____

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Signature of Installer [Signature]

Approved with Conditions

See attached letter or requirement

Inspector's Signature _____ Date Approved _____