City of Portland, Maine - Building or Use Permit Application					rmit No:	Issue Date:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87					04-1221	PERMIT ISSU	🖽 📗 274 НО	01001	
Location of Construction: Owner Name:				Owne	r Address:		Phone:		
49 Purchas St. Portland Housin			ing Authority	ng Authority 14 Baxter Blvd		AUG 2 0 200	4		
Busi	ness Name:	Contractor Name	Contr		actor Address:		Phone	Phone	
		Dempsey, Lari	y	16 L	16 Laurel Pines Drive Gorham		2078397 I	2078397162	
Lessee/Buyer's Name Phone:				Permit Type: HVAC			Zone:		
Past Use: Proposed Use:			<del></del>	Perm	it Fee:	Cost of Work:	CEO District:		
Sag	Sagamore Village Sagamore V		age /Replace Boiler		\$48.00	\$2,900.00	3		
with Weil Mcl Boiler		ean Gas Driect Vent	FIRE	DEPT:	Apploved	PECTION: PU Type: Has			
-	oosed Project Description:				NI		61	1	
Re	place Boiler with Weil Mo	oiler		Signature. Signature:			K		
				PEDE	ESTRIAN ACT	IVITIES DISTRICT	Γ (P.A.D.)		
				Actio	Action. Approved Approved w/Con		l w/Conditions	Denied	
				Signa	iture:		Date		
Permit Taken By: Date Applied For:					Zoning	g Approval			
Ide	obson	08/19/2004							
1.	This permit application of	does not preclude the	Special Zone or Re	views	Zoni	ng Appeal	Historic Pres	ervation	
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance		Not in Distric	Not in District or Landman	
Building permits do not include plumbing, septic or electrical work.			☐ Wetland		☐ Miscellaneous		Does Not Require Review		
3. Building permits are void if work is not started			☐ Flood Zone		Condit	onal Use	Requires Rev	/iew	
within six (6) months of the date of issuance. False information may invalidate a building			_ // //		\				
			Subdivision \		_ Interp	tation	Approved		
	permit and stop all work	in the second se	/ / /		1				
			Site Nan		Approv	ed	Approved w/	Conditions	
			Maj Minor M	М	Denied		☐ Denicd		
			Date		Date.		Date:		

## CERTIFICATION

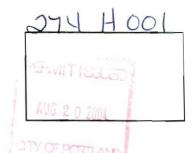
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit					Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					04-1221	08/19/2004	274 F	H001001	
Location o	f Construction:		Owner Name:	Owner Name: O		wner Address:	Phone:	Phone:	
49 Purchas St.			Portland Housing Authority		l4 Baxter Blvd				
Business Name:			Contractor Name: C		Contractor Address:		Phone		
			Dempsey, Larry			l 6 Laurel Pines Dr	ive Gorham	(207) 8	39-7162
Lessee/Buyer's Name		Phone: Pe		Permit Type:					
						HVAC			
Proposed Use: Proposed Project Description:									
Sagamo Vent Bo		ce Boiler v	vith Weil Mclean Gas Dri	ect	Replac	e Boiler with Weil	Mclean Gas Driect	Vent Boil	er
Dept:	Zoning	Status:	Approved		Reviewer:	Tammy Munson	Approval D	ate: 0	8/19/2004
Note:								Ok to Is	sue: 🗹
Dept:	Building		Approved with Condition the State of Maine Gas			Tammy Munson	Approval D	ate: 0 Ok to Is:	08/19/2004 sue: ✓
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## 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:

Name and address of owner of appliance Postland Housing Authority  14 BAXTER BUD  Date 8-16-04							
Installer's name and address LARRY Dempsey  [LANCE PINES Dr. Gosham ME. 04038 Telephone 207-839-7162							
16 LAURI PINES Dr. GochAMME. 04038	Telephone 200-839-7162						
Location of appliance:	Type of Chimney:						
☑ Basement ☐ Floor	Masonry Lined						
☐ Attic ☐ Roof	Factory built						
Type of Fuel:	☐ Metal						
☐ Gas ☐ Oil ☐ Solid	Factory Built U.L. Listing #						
Appliance Name: WEIL Mclean	Direct Vent						
U.L. Approved ☑ Yes □ No	Type UL#						
Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No  IF NO Explain:	Type of Fuel Tank  Oil Gas  Size of Tank						
The Type of License of Installer:    Master Plumber # _ 2 4 5 3	Number of Tanks						
Approved	Approved with Conditions						
Fire:	<ul> <li>See attached letter or requirement</li> </ul>						
Ele.:							
Bldg.: Signature of Installer	Inspector's Signature Date Approved						

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy