

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0373	Issue Date: APR 24 2003	CBL: 292 F002001
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Location of Construction: 25 Maggie Ln	Owner Name: C G B Properties Llc	Owner Address: 84 Country Ln CITY OF PORTLAND	Phone:
Business Name:	Contractor Name: Jerrys Plumbing & Heating	Contractor Address: 22 Ridgeview Drive Biddeford	Phone: 2072822319
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Multi Family/3 Units	Proposed Use: Multi Family/3 Units	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R-2</i> Type: <i>Heating</i> <i>Boiler Mechanical</i>	

Proposed Project Description: Install Gas Heating System in Basement/Direct Vent	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: gad	Date Applied For: 04/22/2003	Zoning Approval
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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..

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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	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 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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2003-8127

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
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Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

PORTLAND

Date Permit Issued:

4/22/03

8429

TOWN COPY

\$119.2000

Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 0744

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- ☒ NEW PLUMBING
- ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

- ☐ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☒ MULTIPLE FAMILY DWELLING
- ☐ OTHER - SPECIFY _____

Plumbing To Be Installed By:

- ☒ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE #

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Column 2 Type of Fixture

Number

Hosebibb / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, etc.

Grease / Oil Separator

Dental Cuspidor

Bidet

Other: _____

Fixtures (Subtotal)
Column 2

Column 1 Type of Fixture

Number

Bathtub (and Shower)

Shower (Separate)

Sink

Wash Basin

Water Closet (Toilet)

Clothes Washer

Dish Washer

Garbage Disposal

Laundry Tub

Water Heater

Fixtures (Subtotal)
Column 1

Fixtures (Subtotal)
Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee
(Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE



FILL IN AND SIGN WITH INK

03-0373

PERMIT ISSUED

APR 24 2003

CITY OF PORTLAND

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 25 Maggie Lane Use of Building Residence Date 4/22/03
Name and address of owner of appliance ER CGB Properties 3 units

Installer's name and address Jerry's Plumbing & Heating 22 Ridgewood Dr.
BIDDEFORD, ME 04005 Telephone (207) 282-2319

Location of appliance:

- ☒ Basement ☐ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☒ Gas ☐ Oil ☐ Solid

Appliance Name: Baxi Luna BoilerU.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 # _____
☐ 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 ?

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

30.00**Approved****Approved with Conditions**

Fire: _____

Ele.: _____

Bldg.: _____

☐ See attached letter or requirement

Signature of Installer

Guaranteed

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy