City of Portland, Maine	<b>U</b>			10-0236	Issue Date:	СВІ. 29	.: 96 C012001	
389 Congress Street, 04101 Tel: (207) 874-8703			Owner Address:		Phone:			
					1 001			
202 Hicks St Pompeo John Busidess Name: Contractor Name				ntractor Address:		Phon	Phone	
			42 Whaleback Road Limerick				2076372561	
		Brookside Heating		Permit Type:			Zone: 4	
Lessee/Buyer's Name Phone:			IIVAC				R-5	
Past Use: Proposed Use:			Permit Fee: Cost of Work: CEO Distr			trict:		
New 2 family under permit #0	9- New 2 Family	/ Install two 275		\$130.00	\$11,000.0	0 5		
0907 gallon oil New basement for e		each unit.		)//	Approved IN Denied U	se Group · U	1 Type HUA 7 2003	
Install two 275 gallon oil New	Yorker tanks in the ba	sement for each unit.	Signature		SI VITIES DISTRI	gnature: CT (P.A.D.	X	
			Action.	_ Аррго	ved Approv	ed w/Condition	Denied	
			Signature	5.		Date <sup>.</sup>		
Permit Taken By: Date Applied For:				Zoning	Approval			
gg	03/11/2010							
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Special Zone or Reviews		Zoning Appeal		Histor	Ilistoric Preservation	
		Shoreland		Variance		Kot u	Not in District or Landmark	
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Wetland		Miscellancous		Does	Does Not Require Review	
<ol> <li>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</li> </ol>		E Flood Zone		Conditional Use		Requi	Requires Review	
		Subdivision		Interpretation		Арри	Approved	
		i Site Plan		Арргоче	×d	Аррго	oved w/Conditions	
PERMITUS	SUED	Maj Minor MM		Dented		Denie	d	
1 1 9		Date: -3/1/1	0 0	alc		Date.		
OTV OF PO								

## 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	DATÉ	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	in second

	nine - Building or Use Permit 1101 Tel: (207) 874-8703, Fax: (2		Permit No: 10-0236	Date Applied For: 03/11/2010	CBL: 296 C012001	
Location of Construction:	Owner Name:	Owner Name: (		Owner Address:		
202 Hicks St	Pompeo John M	Pompeo John M		Po Box 321		
Business Name:	Contractor Name:	c	Contractor Address:		Phone	
	Brookside Heating	4	42 Whaleback Road Limerick		(207) 637-2561	
Lessee/Buyer's Name	Phone:	Phone: P		Permit Type:		
				HVAC		
Dept: Zoning Note:	Status: Approved	Reviewer:	Marge Schmuck	al Approval	Date: 03/11/2010 Ok to Issue: ☑	
Dept: Building Note:	Status: Approved with Condition ply with 2003 International Mechani		Tammy Munson		Ok to Issue: 🖌	



## BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date



To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of the	Use of Building Date 3/11/10		
202 HICK ST PORTIAND			
Installer's name and address <u>Brooksipe</u> HEATIR	Telephone 637-256/		
Location of appliance:	Type of Çhimney:		
Basement 🖸 Floor	Masonry Lined		
C Attic C Roof	Factory built		
Type of Fuel:	Metal		
	Factory Built U.L. Listing #		
Appliance Name: Now Yorkon	Direct Vent		
U.L. Approved D/Yes D No	Type UL#		
Will appliance be installed in accordance with the manufacture's installation instructions? Ves D No	Type of Fuel Tank Oil Gas		
IF <u>NO</u> Explain:	Size of Tank _275		
The Type of License of Installer:	Number of Tanks		
Solid Fuel #	Distance from Tank to Center of Flame feet.		
011 # 1951000 7197			
□ Gas #	Cost of Work: $\$ / / (000) = 0$		
• Other	Permit Fee: \$ 130.00		
Approved	Approved with Conditions		
Fire:	See attached letter or requirement		
Ele.:			
Bldg.:	Inspector's Signature Date Approved		
	'ink - Applicant's Gold - Assessor's Copy		