

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 10-0756	Issue Date:	CBL: 297 F001001
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Location of Construction: 158 HICKS ST	Owner Name: MADD LLC	Owner Address: 543 ALLEN AVE	Phone:
Business Name:	Contractor Name: Robert Dorr	Contractor Address: 17 Milliken Road Scarborough	Phone: 2074153375
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R-3

Past Use: Single Family Home	Proposed Use: Single Family Home - install a Direct Vent Baxi boiler in basement	Permit Fee: \$90.00	Cost of Work: \$6,500.00	CEO District: 5
Proposed Project Description: install a Direct Vent Baxi boiler in basement		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>HVAC</i> <i>State Gas Reg's</i>	
		Signature:	Signature:	

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature:

Date:

Permit Taken By: Idobson	Date Applied For: 06/29/2010	<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..

**PERMIT ISSUED**

JUL - 8 2010

City of Portland

**Special Zone or Reviews**☐ Shoreland *N/A*☐ Wetland☐ Flood Zone☐ Subdivision☐ Site PlanMaj ☐ Minor ☐ MM ☐

Date:

*with conditions**6/29/10***Zoning Appeal**☐ Variance☐ Miscellaneous☐ Conditional Use☐ Interpretation☐ Approved☐ Denied

Date:

**Historic Preservation**☒ Not in District or Landmark☐ Does Not Require Review☐ Requires Review☐ Approved☐ Approved w/Conditions☐ Denied

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

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<b>Permit No:</b>	<b>Date Applied For:</b>	<b>CBL:</b>
10-0756	06/29/2010	297 F001001

<b>Location of Construction:</b> 158 HICKS ST	<b>Owner Name:</b> MADD LLC	<b>Owner Address:</b> 543 ALLEN AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Robert Dorr	<b>Contractor Address:</b> 17 Milliken Road Scarborough	<b>Phone</b> (207) 415-3375
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Single Family Home - install a Direct Vent Baxi boiler in basement	<b>Proposed Project Description:</b> install a Direct Vent Baxi boiler in basement
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 06/29/2010  
**Note:** **Ok to Issue:** ✓

- 1) 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.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 07/08/2010  
**Note:** **Ok to Issue:** ✓

- 1) The installation must comply with the State of Maine Gas Regulations.

**PERMIT ISSUED**

JUL - 8 2010

City of Portland



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

6-29 2010

Received from

Robert Dorr

Location of Work

158 Hicks

Cost of Construction

\$ \_\_\_\_\_

Building Fee: \_\_\_\_\_

Permit Fee

\$ \_\_\_\_\_

Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total:

90

☒ Building (1L) \_\_\_\_\_

☐ Plumbing (1S) \_\_\_\_\_

☐ Electrical (12) \_\_\_\_\_

☐ Site Plan (U2) \_\_\_\_\_

Other

LHAC

CBL:

297-F1

Check #:

6584

Total Collected \$

90

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by:

[Signature]

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy



FILL IN AND SIGN WITH INK

PERMIT ISSUED

JUL - 8 2010

APPLICATION FOR PERMIT  
HEATING OR POWER EQUIPMENT

City of Portland

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 \_\_\_\_\_ Use of Building RESIDENCE Date 6/29/10  
Name and address of owner of appliance 158 Hicks St. Portland Me.  
Installer's name and address Robert S Dorr 17 Milliken Rd. Scarborough Me.  
Telephone 415-3375

## Location of appliance:

- ☒ Basement ☐ Floor  
☐ Attic ☐ Roof

## Type of Fuel:

- ☒ Gas ☐ Oil ☐ Solid

Appliance Name: BoxiU.L. Approved ☒ Yes ☐ NoWill 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 # PNT 3547  
☐ Other \_\_\_\_\_

## Type of Chimney:

- ☐ Masonry Lined

Factory built \_\_\_\_\_

- ☐ Metal

Factory Built U.L. Listing # \_\_\_\_\_

- ☒ Direct Vent

Type Aluminum UL# \_\_\_\_\_

## Type of Fuel Tank

- ☐ Oil ☒ Gas

Size of Tank \_\_\_\_\_

Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame 10' feet.Cost of Work: \$ 6500.00Permit Fee: \$ 90Approved

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

Approved with Conditions

- ☐ See attached letter or requirement

Signature of Installer

Robert S Dorr

Inspector's Signature

Date Approved

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy