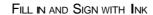
City of Portland, Maine - Bu	ilding or Use	Permi	t Application	ı Pe	ermit No:		Ishe Whi	ISSU	-djar:	
389 Congress Street, 04101 Tel:	(207) 874-8703	, Fax:	(207) 874-871	6	05-11	39			304 B0	2001
Location of Construction: Owner Name:			Own	er Address		-1		Phone:		
429 Warren Ave	424 Warren A	venue I	lc	401	Warren A	ve				
Business Name:	Contractor Name	:								
	Bradford Mec	hanical	Dennis Bradf							
Lessee/Buyer's Name	Phone:									
Past Use:	Proposed Use:	Proposed Use:		Pern	nit Fee:		Cost of Work:	CE	EO District:	7
Commercial	Commercial/ i				\$30.0	00	\$800.0	00	5	
	vent gas heater	vent gas heater in suite #2		FIRE DEPT: Approved Use Group: 1 Comply w/ State Gay					Type $ti_{c\omega}$	
				C	omply	u	0/	Sta	te Ga	35 KG
Proposed Project Description:				j	omply NFPA	C	30B		1/	10
install a rinnai Direct vent gas heate	er in suite #2			Signature: CAOL CN=2 Signature:						
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
			Action: Approved Approved w/Conditions Denied							
				a.			L-1			
			Signature: Date:							
Permit Taken By: Idobson Date Applied For: 08/11/2005					Zon	ing	Approval			
		Sne	Special Zone or Reviews Zoning Appeal		ıσ Anneal	1	Historic Pres	ervation		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			oreland	☐ Variance			☐ Not in District or Landmar			
 Building permits do not include plumbing, septic or electrical work. 		□ w	etland		Mis	scella	netus		Does Not Red	quire Review
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			ood Zone bdivision			\	atton		Requires Rev Approved	ie
			e Plan			prove	d		Approved w	Conditions
		Maj	∬ Minor [] MM		Der	ned			Denled	
		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, Ma	Permit No:	Date Applied For:	CBL:				
389 Congress Street, 04	1101 Tel: (207) 874-8703, Fax: ((207) 874-8716	05-1139	08/11/2005	304 B032001		
Location of Construction:	Owner Name:	C	Owner Address: Phone:				
429 Warren Ave	424 Warren Avenue L	le 4	401 Warren Ave				
Business Name:	Contractor Name:	C	Contractor Address:	Phone			
	Bradford Mechanical/	Dennis Bradf	365 North East Ro	(207) 642-2083			
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:			
			HVAC				
Proposed Use: Proposed Project Description:							
Commercial/ install a rinnai Direct vent gas heater in suite #2 install a rinnai Direct vent gas heater in suite #2							
Dept: Building	Status: Approved with Condition	s Reviewer:	Tammy Munson	Approval Da	ate: 08/18/2005		
Note: Ok to Issue: ✓							
1) The installation must comply with the State of Maine Gas Regulations.							
Dept: Fire	Status: Approved with Condition	Reviewer:	Cptn Greg Cass	Approval Da	nte: 08/16/2005		
Note: Ok to Issue:							
1) Instalation to comply	1) Instalation to comply with NFPA 90B						
				<u> </u>			





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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Jule #2

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

The undersign	ed hereby appli	iesfor a pern	nit to install	the following	heating,	cooking o	orpower	equipment	in
accordance with the L	aws of Maine,	the Building	Code of the	City of Portlan	nd, and	thefollow	ing speci	fications:	

Location/CBL 429 Warren Are	Use of Building Auto Detailing Date 8 11-05
Name and address of owner of appliance $-\!$	mes
Installer's name and address Bradford Mechan 365 / East Rd Standsh M	0'7083 Telephone 642 2083
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: Rinau	Direct Vent NSPECITO
U.L. Approved & Yes No	Type TATE THE DIRECTION OF BUILDING INSPECTION OF BUILDING INSPECTIO
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type of Fuel Tenter CITY OF BOE POR GAS RECEIVED
The Type of License of Installer: Master Plumber #	Number of Tanks
□ Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil #	Cost of World C & & X
Gas # <u>PNT 4518</u>	Cost of Work: \$ \$ 20 \ Permit Fee: \$ 30 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other	Permit Fee: \$ 30 /00
<u>Approved</u>	Approved with Conditions
Fire:	☐ See attached letter or requirement
Ele.:	
Bldg.:	Inspector's Signature Date Approved
Signature of Installer Signature	· · · · · · · · · · · · · · · · · · ·