

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

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

DEPT. OF BUILDING INSPECTION		PERMIT ISSUED
Permit No: 03-0185	CITY OF PORTLAND	CBL: 314 A00400
MAR 27 2003		MAR 27 2003
Owner Address: 583 Warren Avenue	Contractor Address: 7 Thomas Drive Westbrook	Phone: 2077728687
Permit Type: HVAC	Zone: B4	

Location of Construction: 583 Warren Ave	Owner Name: Peter & Sue Bouchard
Business Name:	Contractor Name: Avery Services, Inc.
Lessee/Buyer's Name	Phone:

Past Use: Office Space	Proposed Use: Office Space
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Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: N/A Type: 3/26/03 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: _____		

**Proposed Project Description:**  
Instal Gas Heating System in Attic Area/Direct Vent

Permit Taken By: gad	Date Applied For: 03/11/2003
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<b>Zoning Approval</b>		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 3/14/03</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>
	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	

**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.

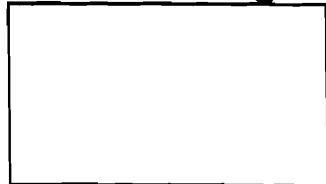
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



FILL IN AND SIGN WITH INK

03-0185

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



314 A004

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 552 Warren Ave Use of Building BUSINESS OFFICES Date 3/11/03

Name and address of owner of appliance PETER & SUE BUCHANAN

Installer's name and address Arcely Services, Inc.

1 Thomas Drive Westport, Me 04092 Telephone 207-772-8057  
FAX 207-574-0933

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Ultra Boiler

U.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 # PNT1931
- 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 \_\_\_\_\_  
*\*Business Airline Gas Supply*

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

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

30.00

### Approved

### Approved with Conditions

Fire: MMY  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

See attached letter or requirement

Signature of Installer Dan C. Carey