

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED

Permit No:

01-0642

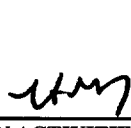
Issue Date:

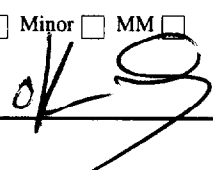
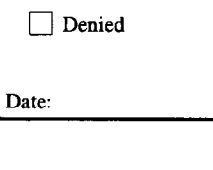
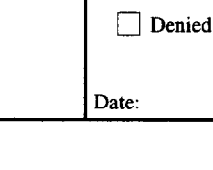
JUN 14 2001

CBL:

316 A002001

Location of Construction: 779 Warren Ave	Owner Name: Atlantic Coast Radio Llc	Owner Address: 779 Warren Ave Portland, ME 04103	Phone: 2077977417
Business Name: n/a	Contractor Name: Maine Air Conditioning	Contractor Address: 93 Warren Ave. Portland	Phone: 2077977417
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: HVAC	Zone: B-4

Past Use: Commercial / Radio Station	Proposed Use: Same: Install Heating System	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Install Heating System		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		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: cjh	Date Applied For: 06/05/2001	Zoning Approval		
<ol style="list-style-type: none">This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.Building permits do not include plumbing, septic or electrical work.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 checked="" 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: 

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

01-0642

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED

JUN 14 2001

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

CBL# 316-A-002

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: 3-4

Location 779 Warren Ave Use of Building Radio Station Date 6/5/01Name and address of owner of appliance Atlantic Coast Radio P.O. Box 1978Portland, ME 04102Installer's name and address Maine Air Conditioning 93 Warren AvePortland, ME 04103 Telephone 797-7417**Location of appliance:**☐ Basement☒ Floor☐ Attic☐ Roof**Type of Fuel:**☐ Gas☒ Oil☐ SolidAppliance Name: York PHM70/120001UL 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 # MS 3000 52 75☐ Gas # _____☐ Other _____**Type of Chimney:**☒ Masonry LinedFactory built ☒☐ Metal

Factory Built U.L. Listing # _____

☐ Direct Vent

Type _____ UL# _____

Type of Fuel Tank☒ Oil☐ GasSize of Tank 275 galNumber of Tanks 1Distance from Tank to Center of Flame 5 feet.**Approved**Fire: umy

Ele.: _____

Bldg.: _____

Approved with Conditions☐ See attached letter or requirementSignature of Installer Bruce L. Jones

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy