Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

## CTION

Permit Number: 041195

ances of the City of Portland regulating

of buildings and state tures, and of the application on file in

provided that the person or persons,	m or ation	epting this peri	mit shall comply with	all
AT _1530.Congress.St		L 196 D001001		
has permission to Install a Weil Mclain / Direc	nt			
This is to certify that Corbeau Stephen & /S P Plu	ng & H	446.	4 4 73	_
			4.17.	

ne and of the

provided that the person or persons, of the provisions of the Statutes of I the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

mand with a permit of a normal procuration of the permit o

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Department Name

PENALTY FOR REMOVING THIS CARD

389 Congress Street, 04101 Tel: (207) 874-8703, Fax:    Location of Construction:	it Application	Permit No:	Issue Date:		CBL:	
Date Applied For:		04 1106	1.1		196 D00	01001
Business Name:    Contractor Name:   S P Plumbing & Health		Owner Address:			Phone:	
S P Plumbing & Health   Phone:	en & 25 Old Neck Rd				Ì	
Past Use: Commercial 3 unit  Proposed Use: Commercial 3 unit  Proposed Project Description: Install a Weil Mclain / Direct vent  Permit Taken By: dmartin  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			<del>- : +  </del>		Phone	
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Commercial 3 unit  Commercial 2 unit  Commercial 2 unit  Commercial 2 unit  Solution  Solution		Permit Type:				Zone:
Commercial 3 unit  Commercial 2 unit  Commercial 2 unit  Commercial 2 unit  Solution  Solution		HVAC				R-5
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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  Maj  Date:  I hereby certify that I am the owner of record of the named p I have been authorized by the owner to make this application jurisdiction. In addition, if a permit for work described in the	horeland	Variance		1	Not in District or Landmar	
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    Maj Date	Vetland	Miscella	Miscellaneous		Does Not Require Review	
False information may invalidate a building permit and stop all work  Maj  Date:  I hereby certify that I am the owner of record of the named p I have been authorized by the owner to make this application jurisdiction. In addition, if a permit for work described in the	Flood Zone Condition		onal Use		Requires Review	
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such permit.	as his authorized application is iss	e proposed work is agent and I agree sued, I certify that	to conform to the code offi	o all appl cial's aut	licable laws of horized representations.	of this esentative
SIGNATURE OF APPLICANT	ADDRESS		DATE		PHO	NE

PHONE

DATE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

	1960001	
1		
	1914 1914	

accordance with the Laws of Maine, the Building Code of the	, ,
Name and address of owner of applianceStephen (	Use of Building Apt. Date 3/17/03  Pobeau  Pobeau  Scarbonish, ME 04074
Installer's name and address 5.P. Plumbing & 721 Main St. So. Purtland, ME 0416	HEATING RNC  Telephone 775-17277
Location of appliance:  Basement	Type of Chimney:  Masonry Lined Factory built
Type of Fuel:  Gas  Oil  Solid  Appliance Name:  WEI  Mc/AIN  U.L. Approved  Yes  No	☐ Metal Factory Built U.L. Listing #  Direct Vent Type Fasion Sea UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes \(\sigma\) No  IF NO Explain:	Type of Fuel Tank  Oil Gas  Size of Tank
The Type of License of Installer:  Master Plumber #  Solid Fuel #  Oil #  Gas # PNT 1383  Other	Number of Tanks  Distance from Tank to Center of Flame  Cost of Work: \$ 3500.00  Permit Fee: \$ 57.00
Approved	Approved with Conditions  See attached letter or requirement
Signature of Installer	Inspector's Signature Date Approved  Pink - Applicant's Gold - Assessor's Copy