		3, Fax: (207) 874-871					
Location of Construction: Owner Name:			Owner Addr		i (	Phone:	
56 BEVERLY ST	MADD LLC		543 ALLE			207-761-3835	
Business Name:		Contractor Name:		ddress:		Phone	
	Nice Fuel Cor	mpany		939 Portland		207761	
Lessee/Buyer's Name	Phone:		Permit Type HVAC				Zone: R-Z
Past Use: Proposed Use:			Permit Fee:	Permit Fee: Cost of Work:		$\begin{array}{c c} CEO \text{ District:} \\ 0 & 5 \\ \end{array} & 15, 18 \\ \end{array}$	
Single Family Home	Single Family	Home - Install Direct	\$12	20.00 \$	10,000.00	) 5	15,10
	Vent Baxi Lun Basement		FIRE DEPT	Appro	Use Use	PECTION: Group: A-7 JAW	Type: 53 -90°7 PA-21
Proposed Project Description:					,	N,	<b>^</b>
Install Direct Vent Baxi Lun				Signature: Of 108			
		PEDESTRIAN ACTIVITIES DISTRIC					
			Action:	Approved	Approved	l w/Conditions	Denied
			Signature:			Date:	
Permit Taken By:Date Applied For:Imd09/10/2008			Z	oning App	roval		
1. This permit application	does not preclude the	Special Zone or Revie	ews	Zoning Appe	al	Historic Pi	reservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review	
<ol> <li>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</li> </ol>		Slood Zone		Conditional Use		Requires Review	
		Subdivision		Interpretation		Approved	
	1001/20	Site Plan		Approved		Approved	w/Conditions
				Denied		Denied	$\frown$
FERMIT	133650	Maj Minor 4M	2   -	Demed		Denied (	$\rightarrow$

#### 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, Maine - Building or Use Permit				Permit No:	Date Applied For:	CBL:
389 Congress Street,	04101 Tel:	(207) 874-8703, Fax: (2	<b>207) 874-8</b> 71	608-1141	09/10/2008	335 C024001
Location of Construction:		Owner Name:		Owner Address:		Phone:
56 BEVERLY ST		MADD LLC		543 ALLEN AVE	, ,	207-761-3835
Business Name:		Contractor Name:		Contractor Address:		Phone
		Nice Fuel Company		P.O. Box 1939 Po	ortland	(207) 761-3835
Lessee/Buyer's Name		Phone:		Permit Type:		
				HVAC		
Proposed Use:	Proposed Use: Proposed Project Description:					
Basement Dept: Zoning	Status:	Approved	Reviewer	: Marge Schmuck	al Approval I	Date: 09/11/2008
Note:						Ok to Issue: 🗹
Dept: Building Note:		Approved with Conditions		: Chris Hanson	Approval I	Date: 09/15/2008 Ok to Issue: ☑
1) The installation mu	st comply wi	th the State of Maine Gas	Regulations.			
		appliance, the product info sting, NFPA 211, IMC 200			•	ted. The heating
3) Installation shall co	mply with 20	003 International Mechanie	cal Code and S	tate of Maine Oil ar	nd Solid Fuel Board	Laws and Rules

### Comments:

9/10/2008-lmd: Customer left credit card information, it did not go through, I think the numbers were transposed. I contact him for correct numbers.

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FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

335.C.024

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to inst accordance with the Laws of Maine, the Building Code of the	all the following heating, cooking or power equipment in the City of Portland, and the following specifications:
Location / CBL 56 Beven ly ST Name and address of owner of appliance Non Marke	Use of Building $SF$ Date $4908$
Installer's name and address <u>NICE</u> <u>DUIDU</u>	<u>CO. POBOX 1135 Von TUmp Mar</u> Telephone <u>761-3855</u>
Location of appliance:	Type of Chimney:
Basement D Floor	Masonry Lined
□ Attic □ Roof	Factory built
Type of Fuel:	Metal
Gas 🛛 Oil 🖓 Solid	Factory Built U.L. Listing #
Appliance Name: BAXI LUNA 370FF	Direct Vent
U.L. Approved X Yes 🗆 No	Type MANUFACTUNELUL#
Will appliance be installed in accordance with the manufacture's installation instructions? X Yes INO IF <u>NO</u> Explain:	Type of Fuel Tank Dil Gas Size of Tank
The Type of License of Installer:	Number of Tanks
Master Plumber #	
□ Solid Fuel #	Distance from Tank to Center of Flame feet.
$\Box \text{ Oil } \#$	Cost of Work: \$ 10000
♥ Gas # <u> </u>	Permit Fee: \$
Approved	Approved with Conditions
Fire:	See attached letter or requirement
Ele.:	
Bldg.:	Inspector's Signature
Signature of Installer	Pink - Applicant's Gold - Assessor's Copy

## BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

**X** Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

### CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date