

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1731	Issue Date:	CBL: 339 J055001
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Location of Construction: 90 FARRAGUT ST	Owner Name: MARTIN JEFFREY Y & KIRSTEN V	Owner Address: 131 HOPE AVE	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: single Family Home	Proposed Use: Single Family Home/ install an Viessman Boiler in basement w/ 275 Gallon oil tank	Permit Fee: \$93.00	Cost of Work: \$7,500.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group Type
Proposed Project Description: install an Viessman Boiler in basement w/ 275 Gallon oil tank		Signature:		Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

Permit Taken By: Idobson	Date Applied For: 11/30/2005	Zoning Approval		
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- 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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Ma <input type="checkbox"/> Mino <input type="checkbox"/> M <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretati <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:
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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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 90 FARRAGUT ST	Owner Name: MARTIN JEFFREY Y & KIRSTEN V	Owner Address: 131 HOPE AVE	Phone:
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Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Dept: Zoning	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED
NOV 30 2005
CITY OF PORTLAND
05-1731

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 / CBL 90 Farrigent 339JS Use of Building SFH Date 11-29-05
Name and address of owner of appliance JEFF MARTIN
131 Hojze Pointe ME 04103
Installer's name and address Gabriel Plumbing & Heating LLC PO Box 1872
Gray Me 04039 Telephone 650 8984

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: VIOSMANN
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 # 05579
 Gas # _____
 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 275

Number of Tanks 1

Distance from Tank to Center of Flame over 5 feet.

Cost of Work: \$ 7500-

Permit Fee: \$ 93

Approved

Fire: _____
Ele.: _____
Bldg.: _____

Approved with Conditions

See attached letter or requirement

Inspector's Signature _____ Date Approved _____

Signature of Installer [Signature]