

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0896	Issue Date:	CBL: 375 B008001
-----------------------	-------------	---------------------

Location of Construction: 9 Sanborn St	Owner Name: Portland North Dental	Owner Address: 9 Sanborn St	Phone:
Business Name:	Contractor Name: Vincent HVAC	Contractor Address: 111 Greenwood Lane Portland	Phone 2078787900
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: RP

Past Use: Dental Offices/Commercial	Proposed Use: Dental Offices/Commercial w/AC in attic	Permit Fee: \$246.00	Cost of Work: \$25,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description: Install a Bryant A/C system in Attic Area	Signature: <i>UJM</i>	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: gad	Date Applied For: 07/25/2003	Zoning Approval
-------------------------	---------------------------------	------------------------

<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>Special Zone or Reviews</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: <i>OK</i> <i>7/31/03</i></p>	<p>Zoning Appeal</p> <p><input checked="" 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: <i>7/31/03</i></p>	<p>Historic Preservation</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: <i>S</i></p>
	<p><i>see renovation addition permit</i></p>		

CERTIFICATION

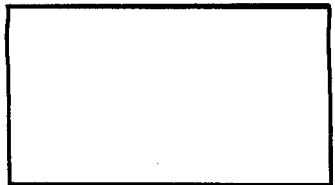
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 03-0896

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



375 2008

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 9 Sanborn Street Use of Building DENTAL Date 7/25/03
 Name and address of owner of appliance PORTLAND NORTH DENTAL
9 SANBORN ST.
 Installer's name and address Charles Spizvaco DBA VINCENT HVAC
111 GREENWOOD LN PORTLAND Telephone 878-7900
04103

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: BRYANT A/C

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 # MS30002699
- Gas # _____
- Other _____

Type of Chimney:

Masonry Lined
Factory built N/A

Metal
Factory Built U.L. Listing # N/A

Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

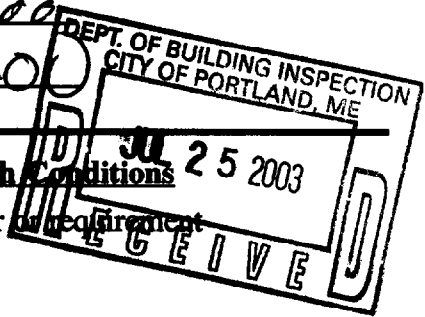
Size of Tank N/A

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 25,000

Permit Fee: \$ 246.00



Approved
 Fire: [Signature]
 Ele.: _____
 Bldg.: _____

Approved with Conditions
 See attached letter of requirement

 Inspector's Signature Date Approved

Signature of Installer [Signature]