

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0660	Issue Date: PERMIT ISSUED JUN 13 2005	GBL: 390 A007001
Owner Address: 76 Mackworth St	Phone:	
Contractor Address: 515 Riverside Industrial Park, Portland	Phone: 203-8786600	
Permit Type: HVAC	Zone: R-2	

Location of Construction: 94 Hope Ave	Owner Name: Housing Strategies Llc
Business Name:	Contractor Name: Builders Insulation
Tenant/Buyer's Name	Phone:

Current Use: Single Family	Proposed Use: Single Family install a Direct Vent Fireplace
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Proposed Project Description:
Install a Direct Vent Fireplace

Permit Fee:	Cost of Work:	CEO District:
FIRE DEPT: <input type="checkbox"/> Approved	INSPECTION: Use Group <i>V</i> Type: <i>Heat</i>	
	Signature: <i>State Gas Regs</i>	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____	

Permit Taken By: dmartin	Date Applied For: 05/31/2005	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

Shorland
 Wetland
 Flood Zone
 Subdivision
 Site Plan

Maj Minor MM

Date: _____

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Date: _____

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review
 Approved
 Approved w/Conditions
 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

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Permit No: 05-0660	Date Applied For: 05/31/2005	CBL: 390 A007001
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Location of Construction: 94 Hope Ave	Owner Name: Housing Strategies Llc	Owner Address: 76 Mackworth St	Phone:
Business Name:	Contractor Name: Builders Insulation	Contractor Address: 5 15 Riverside Industrial Parkw Portlan	Phone (207) 878-6600
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	
Proposed Use: Single Family install a Direct Vent Fireplace		Proposed Project Description: Install a Direct Vent Fireplace	

Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 0611012005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 06/10/2005
Note: **Ok to Issue:**

1) The installation must comply with the State of Maine Gas Regulations.

Dept: Fire **Status:** **Reviewer:** **Approval Date:** **Ok to Issue:**



FILL IN AND SIGN WITH INK

390 A 007

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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 94 Hope Ave. Use of Building Home Date 5/25/05
 Name and address of owner of appliance Housing Strategies
94 Hope Ave.
 Installer's name and address Builder's Insulation of Maine
515 Riverside End. PKWY. Telephone 878-6600

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name: F.M.F. Fireplace

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 # _____
 Gas # PNT 3025
 Other _____

Type of Chimney:

- Masonry Lined
 Factory built _____
 Metal
 Factory Built U.L. Listing # _____
 Direct Vent
 Type Horizontal UL# _____

Type of Fuel Tank

- Oil
 Gas

Size of Tank N/A

Number of Tanks N/A

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 1200

Permit Fee: \$ _____

Approved

Fire: _____
 Ele.: _____
 Bldg.: _____

Approved with Conditions

See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer Bill Burr