

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-1404	Issue Date:	CBL: 390 B017001
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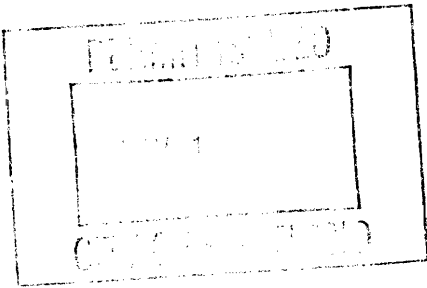
Location of Construction: 67 HOPE AVE	Owner Name: NAPPI SABATINO M & FRANCE	Owner Address: 101 CHELSEY AVE	Phone:
Business Name:	Contractor Name: Coastline Air Mechanical Services /	Contractor Address: 40 Lori Lane Westbrook	Phone 2072320113
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R2

Past Use: New Single Family Home	Proposed Use: New Single Family Home with York Affinity Direct Vent Heating/Air Conditioning System	Permit Fee: \$200.00	Cost of Work: \$17,300.00	CEO District:	
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>IFPA 58</i>	INSPECTION: Use Group: <i>R3</i> Type: <i>HVAC</i> <i>IMC-2003/CP Rules</i>		

Proposed Project Description: Install York Affinity Gas burning Direct Vent Heating/ Air Conditioning System <i>+ 1000 gal LPTANK</i>	Signature: <i>IMB</i>	Signature: <i>IMB 11/14/07</i>
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: lmd	Date Applied For: 11/09/2007	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision <i>ck</i>	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>IMB 11/14/07</i>	Date:	Date: <i>IMB</i>

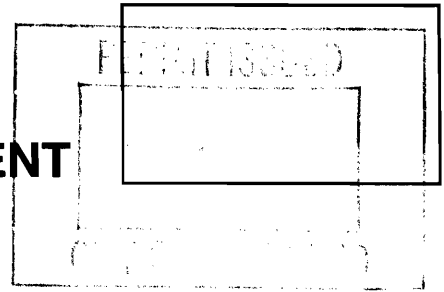
CERTIFICATION

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



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 Hope St Lot # 17 ^{RIVERWALK} Portland Use of Building Resi Date Nov 9th 07

Name and address of owner of appliance MR MRS NAPPI
LOT # 17 Hope St RIVERWALK Portland, ME 04101

Installer's name and address COASTLINE Air Mech LLC
PO BOX 125 Westbrook, ME 04098-125 Telephone 1-207-232-0113

Location of appliance:

- Basement
- Attic
- Floor
- Roof

NOV 9 2007

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: York ATT-NY

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 # JY1000 8258
- Gas # PNT 2671
- Other _____

Type of Chimney:

- Masonry Lined
- Factory built _____

- Metal
- Factory Built U.L. Listing # _____

Direct Vent
Type PVC 3" UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank 1000 PROPANE

Number of Tanks (1)

Distance from Tank to Center of Flame 70 Ft feet.

Cost of Work: \$ 17,300

Permit Fee: \$ 200.00

Approved

Approved with Conditions

Fire: _____
Ele.: _____
Bldg.: _____

- See attached letter or requirement

Signature of Installer Thomas T. Swartz Inspector's Signature _____ Date Approved _____

#1648

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

PORTLAND

PERMIT # 10474 TOWN COPY

Date Permit Issued:

11/27/01

\$

100

If Double Fee Charged

L.P.I. #

10182

Local Plumbing Inspector Signature

390 E-17

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE #

10182

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
1	Hosebib / Sillcock	1	Bathtub (and Shower)
1	Floor Drain	2	Shower (Separate)
1	Urinal	1	Sink
1	Drinking Fountain	1	Wash Basin
1	Indirect Waste	3	Water Closet (Toilet)
1	Water Treatment Softener, Filter, etc.	1	Clothes Washer
1	Grease / Oil Separator	1	Dish Washer
1	Roof Drain	1	Garbage Disposal
1	Bidet	1	Laundry Tub
1	Other: _____	1	Water Heater
	Fixtures (Subtotal) Column 2	14	Fixtures (Subtotal) Column 1
		12	Fixtures (Subtotal) Column 2
		16	Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			Permit Fee (Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE