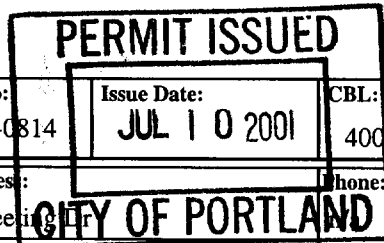


City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-0814 Issue Date: JUL 10 2001 CBL: 400 A012001



Location of Construction: 445 Ray St	Owner Name: Dalbec William E &	Owner Address: 6 Merryweather St	Phone:
Business Name: n/a	Contractor Name: ACL Plumbing & Heating Inc.	Contractor Address: P.O. Box 2679 So. Portland	Phone: 2077678080
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Same: Install Heating System.	Permit Fee:	Cost of Work: \$30.00	CEO District: 2
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Proposed Project Description:
Install Heating System

FIRE DEPT: Approved Denied

INSPECTION: Use Group: Type:

Signature: *[Signature]*

Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: Date:

Permit Taken By: cjh	Date Applied For: 07/06/2001	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> 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.

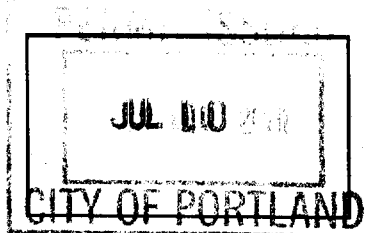
SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

400 A012

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 445 RAY ST PORTLAND Use of Building SINGLE FAMILY RES Date 7/10/01

Name and address of owner of appliance WILLIAM DALBEC
445 RAY ST PORTLAND

Installer's name and address ACL PLB & HTG INC PO BOX 2679
50 PORTLAND, ME 04116-2679 Telephone (207) 767-8080

Location of appliance:

Basement

Floor Type

Attic

Roof

Type of Fuel:

Gas

Oil

Solid

Appliance Name: WELL MCLAIN GVS

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 # 1064

Other _____

Type of Chimney:

Masonry Lined

Factory built _____

Metal

Factory Built U.L. Listing # _____

Direct Vent

Type AL124-BC UL# _____

Type of Fuel Tank

Oil

Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

30.00

Approved

Fire: W4my

Ele.: _____

Bldg.: _____

Approved with Conditions

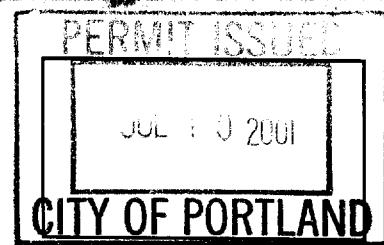
See attached letter or requirement

Signature of Installer Albert C. Gauthier Pres.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



400 A012

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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 Name and address of owner of appliance WILLIAM DALIBET
445 RAY ST PORTLAND
 Installer's name and address ALL PLUMB + HTG INC PO Box 2679
50 PORTLAND, ME 04116-2679 Telephone (207) 762-8680

Location of appliance:
 Basement
 Floor Type
 Attic
 Roof

Type of Fuel:
 Gas
 Oil
 Solid

Appliance Name: WELL MCLAIN GVS
 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 # 1064
 Other _____

Type of Chimney: 44mg
 Masonry Lined
 Factory built _____
 Metal
 Factory Built U.L. Listing # _____
 Direct Vent
 Type AL124-BC UL# _____

Type of Fuel Tank
 Oil
 Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.
30.00

Approved
 Fire: 44mg
 Ele.: _____
 Bldg.: _____

Approved with Conditions
 See attached letter or requirement

Signature of Installer Albert G. Smith Pres.