•	ine - Building or Use						
	101 Tel: (207) 874-8703	3, Fax: (207) 874-871		427 B009001			
(Location of Construction:	Owner Name:		(Owner Address OCT	2004 Phon 1:			
326 PRESUMPSCOT ST	HARKINS JA		31 BATES ST (Contractor Address:	Phone			
Publicos Panie:	1002114101011141	L.	15 Rochester St Westbrook				
L (Paulaula Norre	Joe Gallant Phone:		Permit Type:	Zone!			
Lessee/Buyer's Name	Phone.	l	HVAC	Zone:			
D 471	Proposed Use:		Permit Fee: Cost of Work	CEO District:			
Past Use:	<u>. </u>	install a new yorker	\$210.00 \ \$20,543				
Commercial	boiler on floor	•	1	· -			
			pproved Denied	INSPECTION: Use Group ') Type HVA IMC 703			
Proposed Project Description:			Ution 30°				
install a new yorker boile	r on floor of building		Signature Signature Signature				
		,PEDESTRIAN A CTIVITIES DISTRICT (P.A.D.)					
			Action Approved Approved Approved	roved w/Conditions Denied			
			Signature:	Date:			
Permit Taken By:	Date Applied For:		Zoning Approval				
ldobson	09/1912005			Historia Danson di an			
1. This permit application	-	Special Zone or Revi	ews Zoning Appeal	Historic Preservation			
	eeting applicable State and	Shoreland	Variance 1	Not in District or Landma			
Federal Rules.		_ 1	1				
- 1	not include plumbing,	Wetland	Miscellaneous	Does Not Require Review			
septic or electrical w							
- 1	void if work is not started	Flood Zone	Conditional Use	Requires Review			
3 7	s of the date of issuance. ay invalidate a building	Subdivision	Interpretation	pproved			
permit and stop all w	•	Subdivision	interpretation ,	The state of the s			
		Sile Plan	Approved	☐ Approved w/Conditions			
		Maj Minor MM	1 Denied	Denied			

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

City of Portland, M	aine - Bu	ilding or Use Permit		Permit No:	Date Applied For:	CBL:		
389 Congress Street, 0	4101 Tel:	(207) 874-8703, Fax: (2	207) 874-8716	05-1381	09/19/2005	422 B009001		
Location of Construction: Owner Name:				Owner Address:		Phone:		
326 PRESUMPSCOT S'	Γ	HARKINS JAMES		31 BATES ST				
Business Name:		Contractor Name:	(Contractor Address:		Phone		
		Joe Gallant		15 Rochester St W	estbrook	(207) 854-0219		
Lessee/Buyer's Name		Phone:]	Permit Type: HVAC				
Proposed Use:			Propose	d Project Description:				
Commercial/ install a ne	w yorker bo	iler on floor of building	install	a new yorker boile	r on floor of building	g		
Dept: Zoning Note:	Status:	Approved	Reviewer:	Tammy Munson	Approval D	ate: 09/30/2005 Ok to Issue: ✓		
Dept: Building Note:		Approved with Conditions 03 International Mechanic		Tammy Munson	Approval D	Okto Issue:		
1) Histaliation shall coll	ipiy witti 20	os international Mechanic	ar Code and St	ite of iviallie Off all	iu soliu fuel doalu l	Laws allu Kules		
Dept: Fire Note:		Approved with Conditions	Reviewer:	Jay Kelley	Approval D	ate: 09/22/2005 Ok to Issue: ✓		
1) Install to manufacture	es specificat	nons.						





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The u	ndersigned he	ereby appl	iesfor a p	ermit to in	stall thefo	llowing he	ating, cod	oking orpo	ower eq	uipment	in
accordance v	vith the Laws	of Maine,	the Buildi	ng Code o	f the City of	of Portland,	and the	following	specific	ations:	

Name and address of owner of appliance	Des Guelle rand
Installer's name and address <u>Joe Gallant</u> 280 Bereh Ridge Red. Scarbore	Telephone <u>839.7894</u>
Location of appliance: Basement Attic O Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas M. Oil O Solid	Metal Factory Built U.L. Listing #
Appliance Name: Yes O No Will appliance be installed in accordance with the manufacture's installation instructions? O Yes	Type of Nucl Tank Oil Gas Od 100 110 1010
The Type of License of Installer: Master Plumber #	Size of Tank and Tanks Number of Tanks
O Oil# O Gas#	Distance from Tank to Center of Flame 10 feet. 30b COST 20,543 Permet queun \$\frac{1}{2} 210.00
Approved Fire: Ele.: Bldg.:	Approved with Conditions See attached letter or requirement
White - Inspection Yellow - File	Pink - Applicant's Gold - Assessor's Copy