City of Portland, Maine - Building or Use Permit Application						'ermit No:	Testic Date	1991		_		
389 Congress Street, 0410	1 Tel: (2	207) 874-8703	, Fax: (	(207) 874-871	6 _	06-0278				125 A	00200	) ]
Location of Construction:		Owner Name:			Own	ner Address:	2		Ph	one:		
125 PRESUMPSCOT ST		PRESUMPSC	OT STI	REET PROPE	PO BOX 403			i	1			
Business Name:		Contractor Name	:		Con	tractor Address			Pl	pne		
		Coastline Air l	Mechan	ical Services /	40	Lori Lahe We	sthrook -	MRT	[ A 12	07232	<b>0</b> 113	
Lessee/Buyer's Name		Phone:			Perr	nit Type:					Zor	
				H	VAC			1 T.M				
Past Use:		Proposed Use:		<del></del>	Permit Fee:		Cost of Work:		CEO District:			
Commercial/ building 3		Commercial /	Building 3/ install er Split systems in		\$678.00 \$73,		\$73,00	00.00				
					FIRE DEPT: Approved I		INSPE	NSPECTION:				
		mechanical Ro	om				Use G	Jse Group: Type:			0/1	
					-	SACOA		ł			HV	ALL
					w		f 2 (	{			7	TIJUF
Proposed Project Description:					l	_		{	1.1.1/ 2/2/1			del
Building 3/ install Bryant/ Ca	arrier Spl	it systems in me	chanica	ıl Room		nature: (sr e ()		Signat		10	1/2	100
					PED	ESTRIAN ACT	IVITIES DIST	ISTRICT (P.A/D.)				,
					Act	ion: Appro	ved 🗌 App	proved w	/Conditi	ons	Deni	ied
					Sion	nature:			Date:			
Permit Taken By:	Date An	plied For:	ı ——		0.6.		A n n n o r s					
Idobson	1	/2006	}			Zomng	Approva	11				
1. This permit application of			Spe	cial Zone or Revie	ws	Zoni	ng Appeal		His	toric P	reservat	ion
1. This permit application of Applicant(s) from meeting			 	oraland	Variance			Not in District or Landmark			andmark	
Federal Rules.	g uppe	acre state and	Shoreland		Variance		A	THOU III DISTILLE OF Earlightain			Andmark	
2. Building permits do not	include n	dumbing	Wetland		Miscellaneous			Does Not Require Review		Review		
septic or electrical work.		numonig,										
3. Building permits are voi		is not started	☐ Flood Zone ☐ Subdivision			Condition	onal Use		Re	quires F	Review	
within six (6) months of					)		1	Approved				
False information may in		a building			Interpretation						1	
permit and stop all work												
			Si	te Plan		Approve	ed		□ Ар	proved	w/Cond	itions
			}			}						
			Maj Minor MM		Denied				Denied			
				21/2 2/1	,			- 1				
			Date:	VV PIPIL	6_	Date:			ate:			
			IJ	' //								
				•								
			_		O N I							
Therefore and Call of the	c	1 6.1		ERTIFICATI								
I hereby certify that I am the of I have been authorized by the	owner of to	record of the na make this appli	med pro	operty, or that the	ie pro	oposed work is int and Lagree	s authorized	by the	owner pplical	ot rec	ord an	d that
jurisdiction. In addition, if a p	permit for	r work described	d in the	application is is	sued	I, I certify that	the code off	icial's	authori	zed re	presen	tative
shall have the authority to ente	er all area	as covered by su	ich pern	nit at any reason	able	hour to enforc	e the provi	sion of	the co	de(s)	applica	ble to
such permit.												
SIGNATURE OF APPLICANT				ADDRES	3		DATE			PF	HONE	

DATE

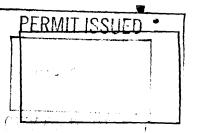
PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE





## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

	ll the following heating, cooking or power equipment in
accordance with the Laws of Maine, the Building Code of the	ne City of Portland, and the following specifications:
17 - 185-A-2 BID	3) //
Location/CBL/25 DresumSeeff SABID	Use of Building Offices Date 228/CG
Name and address of owner of appliance TENTY ADE 14	City Cith Dortland, At ocilioil
There # 201-114-1009	· ON
Installer's name and address Thomas J. Sinarz	40 her: IN westbrok to eyers
	Telephone Zul- 232 Gin3
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Mech Room, Spec Design -	
Type of Fuel:	☐ Metal
jod Gas □ Oil □ Solid	Factory Built U.L. Listing #
Propane_ /	,
Appliance Name: BryAnt CArrier solit  U.L. Approved Yes D No 90+ 100 Systems	Direct Vent
U.L. Approved Yes D No GO+ SYSKEMS	Direct Vent Type DVC Sch 40 UL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions? Yes	Oil Oil
<b>V</b>	& Gas Prop Ave DAURINES
IF NO Explain:	Dead Kives
	Size of Tank \CCC
Thomas J Smare	
The Type of License of Installer:	Number of Tanks 1- 1000 GALLON
☐ Master Plumber #	LK.
□ Solid Fuel #	Distance from Tank to Center of Flame 500 feet.
□ Oil ##	13 0000 270 ft
Da Gas # DNT 2671 MAINE STAKE	Cost of Work: \$ \( \) \( \) \( \) \( \)
Other	Permit Fee: \$ 678,00
	CK#628
<u>Approved</u>	Approved with Conditions
Fire:	See attached letter or requirement
Ele.:	
Bldg.:	Improperture Competition
	Inspector's Signature Date Approved
Signature of Installer	10m SMARC 2/28/06
White - Inspection Yellow - File Pir	nk - Applicant's Gold - Assessor's Conv

## **ELECTRICAL PERMIT** City of Portland, Me. 11, Permet# 614/6

To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date	10-13-06
Permit #	2006-4905
CBL#	alor
	415 0 1

LOCATION: 125 Presums cott 8t. METER MAKE & # 425 A

CMP ACCOUNT #

OWNER

TENANT Maine Educational Service PHONE #

					TOTAL EACH FEE			
OUTLETS	95	Receptacles	25	Switches	Smoke Detector	.20		
FIXTURES		Incandescent	50	Fluorescent	Strips	.20		
SERVICES		Overhead		Underground	TTL AMPS <800	15.00		
*	<u> </u>	Overhead		Underground	>800	25.00		
Temporary Service		Overhead		Underground	TTL AMPS	25.00		
	ļ					25.00		
METERS	<u> </u>	(number of)	L			1.00		
MOTORS	<u> </u>	(number of)	ļ			2.00		
RESID/COM		Electric units				1.00		
HEATING	<u> </u>	oil/gas units		Interior	Exterior	5.00		
APPLIANCES		Ranges		Cook Tops	Wall Ovens	2.00		
	L	Insta-Hot		Water heaters	Fans	2.00		
	<u></u>	Dryers		Disposals	Dishwasher	2.00		
		Compactors		Spa	Washing Machine	2.00		
		Others (denote)				2.00		
MISC. (number of)		Air Cond/win	<u> </u>			3.00		
		Air Cond/cent			Pools	10.00		
		HVAC		EMS	Thermostat	5.00		
		Signs				10.00		
		Alarms/res				5.00		
		Alarms/com				15.00		
		Heavy Duty(CRKT)				2.00		
		Circus/Carnv				25.00		
		Alterations				5.00		
		Fire Repairs				15.00		
		E Lights			1.0	1.00		
		E Generators			18 1	20.00		
PANELS	J. A	Service /		Remote	Main	4.00		
TRANSFORMER		0-25 Kva				5.00		
7		25-200 Kva				8.00		
		Over 200 Kva				10.00		
					TOTAL AMOUNT DUE			
		MINIMUM FEE/CO	MME	RCIAL 55.00	MINIMUM FEE 45.00	)		

contractors name Dana Demer address DO BOX 847/ POT.	MASTER LIC. # MS60016536
ADDRESS <u>POBOX8471 Pot</u> .	M004104 LIMITED LIC. #
TELEPHONE <u>207-233-1905</u>	
5, 59 7 1 0 p	177-1307 Range

SIGNATURE OF CONTRACTOR

**Yellow Copy - Applicant** 

White Copy - Office

Form # P 01

## **ELECTRICAL PERMIT City of Portland, Me.**

To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date Dec 5,06

Permit # 06 5074

CRI # 4125 A (Y) =

100	~ 1	CBL# 400 H COX
LOCATION: 100	Presumpscott st METER MAKE &#</td><td></td></tr><tr><th>CMP ACCOUNT # _</th><th>OWNER</th><th></th></tr><tr><td>TENANT Maine</td><td>REMENUE SOUVICE PHONE #</td><td></td></tr></tbody></table>	

						L EACH FEE		
OUTLETS	60	Receptacles	10	Switches	Smoke Detector	.20	38	
FIXTURES		Incandescent	53	Fluorescent	Strips	.20	10	
050//050	ļ	Overhead			TTL AMPS <800	15.00		
SERVICES	ļ	l		Underground	>800	25.00		
		Overhead	ļ <u> </u>	Underground	>800	25.00		
Temporary Service		Overhead		Underground	TTL AMPS	25.00		
						25.00		
METERS	#	(number of)			DEPT. OF BUILDING INSPEC CITY OF PORTLAND, M.	710100		
MOTORS		(number of)			CITY OF PORTLAND, M.			
RESID/COM		Electric units				1.00		
HEATING		oil/gas units		Interior	Exterior DEC - 4 enec	5.00		
APPLIANCES		Ranges		Cook Tops	Wall Ovens DEC 4 2008	2.00		
		Insta-Hot		Water heaters	Fans	2.00		
		Dryers		Disposals	Dishwashep FCFIVED Washing Machine	2.00		
		Compactors		Spa	Washing Machine	2.00		
		Others (denote)				2.00		
MISC. (number of)		Air Cond/win				3.00		
	i	Air Cond/cent			Pools	10.00	10	
		HVAC		EMS	Thermostat	5.00		
		Signs				10.00		
		Alarms/res				5.00		
		Alarms/com				15.00		
		Heavy Duty(CRKT)				2.00	<del></del>	
		Circus/Carnv				25.00		
		Alterations				5.00		
		Fire Repairs				15.00		
<del></del>		E Lights				1.00		
		E Generators				20.00		
PANELS		Service		Remote	Main	4.00		
TRANSFORMER	<u> </u>	0-25 Kva	<b> </b>			5.00		
		25-200 Kva				8.00		
		Over 200 Kva				10.00		
		3.3. 233 1174	-		TOTAL AMOUNT DUE	10.00		
		MINIMUM FEE/CO		BCIAL 55 00	MINIMUM FEE 45.00		D	
				13/AL 33.00	45.00		<u>_e</u> _	

CONTRACTORS NAME	Flectric MASTER LIC	.# <u>MS60016536</u>
ADDRESS De Francel to	e Comberland LIMITED LIC.	#
TELEPHONE <u>833-7965</u>		
		1 4 01014

SIGNATURE OF CONTRACTOR

White Copy - Office • Yellow Copy - Applicant

PLU		PPLICATION	ON			<u> </u>	Department of Health and Human Service Division of Health Engineering		
Town or		ADDRESS		-					
Plantation	1 12 1			The state of the s					
Street Subdivision Lo	7. #	THE SV MPS		Pate I Company Company to the Compan					
5 A	PROPERTY O	WNERS NAME		Permit Issued:	legued:				
, 10 € Last:	1	JIII Y		Local Plumbing Inspect	or Signatur	re	L.P.I. # 0 16 14 1		
Applicant Name:	5,517461	WALLE	PLINBIA		0.7200	77.5			
Mailing Address Owner/Application (If Different)	of 10 1	20 MIL 02		- //	25	,	12		
knowledge a	the information subn		best of my	I have inspected the	e installat	tion autho	tion Required orized above and found it to be in Rules.		
	Dat	te Local Plumbing I	nspector	Signature	e Date Approve				
			PERM	IIT INFORMATION	(es2/4/)				
This Applic	cation is for	Tvi	The state of the s	ure To Be Served:		Plur	nbing To Be Installed By:		
1. 🖎 NEW P					. 4		ER PLUMBER		
		1. SINGLE		ELLING R MOBILE HOME	1		URNERMAN		
2. RELOC PLUME	CATED BING	3.   MULTIPL			D. HOUSING DEALER/MECHANIC				
		4. \ OTHER -		IFY 4. □ PUBL 5. □ PROP			LIC UTILITY EMPLOYEE		
		4. C OTTLET	OI LOII I				ERTY OWNER		
·		 			' <u>LI</u>	CENSI	E# [J 2 2 8 5]		
	Jp & Piping Relocat imum of 1 Hook-Up		Number	Column 2  Type of Fixture	Nu	umber	Column 1 Type of Fixture		
	OOK-UP: to public		0 2	Hosebibb / Sillcock		1	Bathtub (and Shower)		
is	ose cases where t not regulated and e local Sanitary Di	inspected by	O G Floor Drain			L	Shower (Separate)		
	O	${f R}$	Urinal		ं	_2	Sink		
	<u>OOK-UP:</u> to an ex	isting subsurface		Drinking Fountain	O	4	Wash Basin		
	astewater disposa		-	Indirect Waste	0	ည	Water Closet (Toilet)		
line	PING RELOCATION PING PING PING PING PING PING PING PIN	<u>DN:</u> of sanitary bing without		Water Treatment Softener, Filter, etc.		1	Clothes Washer		
				Grease / Oil Separator		ı	Dish Washer		
		-		Dental Cuspidor  Bidet DEPT. OF BUILDING CITY OF PORTE	INSPE	CTION	Garbage Disposal		
Y	OI	?		Bidet DEPT. OF PORTL	AND	7	aundry Tub		
			Other:			1	Water Heater		
	TRA	NSFER FEE [\$6.00]	3 7	Fixtures (Subtotal) Column 2	+	5	Fixtures (Subtotal) Column 1		
Ī			Y		7	-	Fixtures (Subtotal)		
				CHEDULE	2	2	Column 2 Total Fixtures		
		FOR C	ALCULATI	NG FEE			Fixture Fee		
					<b>-</b>		Transfer Fee		
		11	+	<del></del>	<b>&gt;</b>		Hook-Up & Relocation Fee		
		1/4	+ 67						