

**PERMIT ISSUED**

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

Permit No: 01-0669	Issue Date: JUN 14 2001	CBL: 425 B006001
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<b>Location of Construction:</b> 89 Arcadia St	<b>Owner Name:</b> Labrie Aileen A	<b>Owner Address:</b> 193 Pilgrim Rd South Portland, Me 04106	<b>Phone:</b> 207-870-9233
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Waldecker, Peter	<b>Contractor Address:</b> 16 Jordan Ave. So. Portland	<b>Phone:</b> 2078709233
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Past Use:</b> Single Family	<b>Proposed Use:</b> HVAC	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b>	
<b>Proposed Project Description:</b> Install heating System.		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <i>A-3</i> Type <i>5/3</i> <i>BOCA/BC/1999</i>		
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>		
		PEDESTRIAN ACTIVITIES DISTRICT (B.3.1)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature: _____ Date: _____			

<b>Permit Taken By:</b> cjh	<b>Date Applied For:</b> 06/07/2001	<b>Zoning Approval</b>		
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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..	<b>Special Zone or Reviews</b> <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: _____	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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: _____
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**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.

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SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

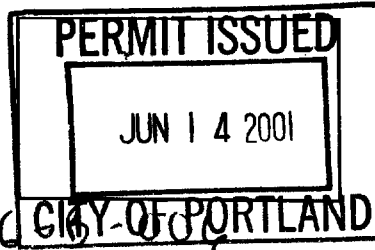
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_



FILL IN AND SIGN WITH INK

# 01-0669



# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

420 ~~CITY OF PORTLAND~~

~~421 C012~~

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 87 Acadia St Use of Building Residential Date 6/7/01  
Name and address of owner of appliance \_\_\_\_\_

Installer's name and address Peter Walden  
16 Jordan Ave Portland Telephone 870 9253

**Location of appliance:**  
 Basement  Floor  
 Attic  Roof

**Type of Fuel:**  
 Gas  Oil  Solid

**Appliance Name:** Burnham  
 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 # 733  
 Gas # \_\_\_\_\_  
 Other \_\_\_\_\_

**Type of Chimney:**  
 Masonry Lined  
 Factory built \_\_\_\_\_  
 Metal  
 Factory Built U.L. Listing # \_\_\_\_\_  
 Direct Vent  
 Type Yorkville UL# \_\_\_\_\_

**Type of Fuel Tank**  
 Oil  
 Gas

Size of Tank 275

Number of Tanks 1

Distance from Tank to Center of Flame 10 feet.  
\$ 30.00

Approved

Approved with Conditions

Fire: 447  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

See attached letter or requirement

Signature of Installer Peter Walden