City of Portland, Mair	6			PERMII	ISSUED	
389 Congress Street, 0410		8, Fax: (207) 874-871	.		428 L002 0 01	
Location of Construction: Owner Name:		(EG D	Owner Address:	NOV	D 4 Phone:	
20 PRESUMPSCOT ST GIROUX JAMES R			PO BOX 1108			
Business Name: Contractor Name			Contractor Address: CITY OF PORTPhene D 321 Lincoln Street South Portland 2017992228			
Caron & Waltz		Z				
	Phone:		HVAC		Zone:	
Past Use: Proposed Use:			Permit Fee: Cost of Work: CEO District:		CEO District:	
Residential 3 unit		Residential 3 unit / install a Smith		\$5,425.00	0 4	
8W4T replace basement		ment boiler in	FIRE DEPT: Approved INSPECTION: Denied Use Group: R2 Type://14 IMG - 200.3			
Proposed Project Description:			1 .	اسامی	6 MG - 200 5	
nstall a Smith 8W4T replace		Signature>				
		Action: Approved Approved w/Conditions Denied				
			Signature:		Date:	
Permit Taken By:	Date Applied For:	spplied For:		Zoning Approval		
ldobson	10/26/2005				-	
		Special Zone or Revie	ews Zo	ning Appeal	Historic Preservation	
		Shoreland	🗌 Varia	nce	Not in District or Landmarl	
		Wetland	Misce	ellaneous	Does Not Require Review	
		Flood Zone	Cond	itional Use	Requires Review	
			🗌 Interp	retation	Approved	
		🗆 Site Plan	Appro	oved	Approved w/Conditions	
		Maj 🔲 Minor 🗌 MM	Denie	d	Denied	
		sate ME III	105 late:		Date: AMLS	
		$\overline{\mathbf{U}}$			<u> </u>	

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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.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

FIL IN AND S	SIGN WITH INK
To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of th	all the following heating, cooking or power equipment in the City of Portland, and the following specifications:
Name and address of owner of appliance	
PORTLAND, MAINE Installer's name and address <u>CHRIS O'DONNELL</u> 3Q1 LINCOLN ST. SONTH PORTLAND	(MRON + WALT Z
Location of appliance: Basement G Floor Attic G Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Solid Solid	Metal Factory Built U.L.Listing #
Appliance Name: SMITH 8W4T BOILER U.L. Approved Yes Will appliance be installed in accordance with the manufacture's installation instructions? Yes IF NO Explain:	Direct Vent Type DEPT, OF BUILDING INSPECTION OFPORTLAND, ME OCT 2 6 2005 OIl O Gas RECEIVED
	Size of Tank275
The Type of License of Installer: Image: Master Plumber # Image: Solid Fuel #	Number of Tanks Distance from Tank to Center of Flamefeet. Cost of Work: $\$ _5, 4/2.5$ Permit Fee: $\$10(-)$
<u>Approved</u> Fire: Ele.:	Approved with Conditions See attached letter or requirement
Bldg.:	Inspector's Signature Date Approved
Signature of Installer Yellow - File White - Inspection Yellow - File	Pink - Applicant's Gold - Assessor's Copy

Citv of Portland, Maine - 389 Congress Street, 04101	Building or Use Permit Γel: (207) 874-8703, Fax: (20	Permit No: 7) 874-8716 05-159	Date Applied For: 0 10/26/2005	CBL: 428 L002001
Location of Construction:	Owner Name:	Owner Address:		Phone:
20 PRESUMPSCOT ST	GIROUX JAMES R	PO BOX 1108	2	
Business Name:	Contractor Name:	Contractor Addre	ss:	Phone
	Caron & Waltz	321 Lincoln St	reet South Portland	(207) 799-2228
Lessee/Buyer's Name	Phone:	Permit Type: HVAC		
'roposed Use:		Proposed Project Descrip	tion:	
Residential 3 unit / install a Smi basement	th 8W4T replacement boiler in	nstall a Smith 8W4T	replacement boiler in ba	asement
Dept: Zoning State Note:	us: Approved	Reviewer: Jeanine Bour	ke Approval I	Date: 11/14/2005 Ok to Issue: ☑
Dept: Building State Note:	us: Approved	Reviewer: Jeanine Bour	ke Approval I	Date: 11/14/2005 Ok to Issue:
Dept: Fire State Note:	us: Approved	Reviewer: Jay Kelley	Approval I	Date: 1012812005 Ok to Issue: □