City of P	ortland, Maine	- Building or Use	Permit Applicati	on 🛛	Permit No:	Issue Date		CBL:	
389 Cong	ress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-87	'16	09-0879	8/24/0	<u>x</u>	428 L0	03001
Location of C	Construction:	Owner Name:		Ow	ner Address:			Phone:	
26 Presum	pscot St	Daggett Leigh	D	26	Presumpscot S	t			
Business Nan	ne:	Contractor Name	:	Con	tractor Address:			Phone	
		Yarmouth Gas	Fitting / Robert Lock	۲ I	Lafayette Stree	t Yarmouth	L	2078461	028
Lessee/Buyer	's Name	Phone:			mit Type: VAC				Zone: R-S
Past Use:		Proposed Use:		Per	mit Fee:	Cost of Wor	k: C	EO District:	7
Multi Unit	S	Multi Units / I	nstall Rinnai Monitor		\$40.00	\$2,00	0.00	4	
		direct vent nat located on the	first floor.	FIF	RE DEPT:	Approved Denied	INSPECT Use Grou	10N: p: R-2	Type: SB
		residen	FIAL D.Y					₽: R-2 JAC-3 00	203
	ject Description:							/ //	
Install Rin floor.	nai Monitor direct v	ent natural gas heater lo	ocated on the first		nature:		Signature		
1001.				PEL	DESTRIAN ACTI	VITIES DIST	RICT (P.A	A.D.)	
				Act	tion: Approv	ed 🗌 App	oroved w/Co	onditions	Denied
				Sig	nature:		E	Date:	
Permit Takeı	ı By:	Date Applied For:			Zoning	Approva	.l		
gg		08/14/2009							
1. This p	ermit application do	bes not preclude the	Special Zone or Rev	views	Zonin	g Appeal		Historic Pres	servation
Applie		g applicable State and	Shoreland		Variance	:	Δ	Not in Distri	ct or Landmark
	ng permits do not in or electrical work.	clude plumbing,	Wetland		Miscellar	neous		Does Not Re	quire Review
	ng permits are void six (6) months of th	if work is not started the date of issuance.	Flood Zone		Conditio	Conditional Use		Requires Review	
False	information may inv and stop all work		Subdivision		Interpreta	ation		Approved	
			Site Plan			d		Approved w/	Conditions
			Maj 🗌 Minot 🗌 Mi	M					$\prec$
			Date:	47	Date:		Date	:	/
			- 1	1	7				

## 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



Signature of Installer

Fill in and Sign with Ink

Value - Sale	I FOR PERMIT WER EQUIPMENT
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 the Location / CBL24- 26 Precure of Appliance	Use of Building Apartment Date 814-09
	YARMOUTH GASFILLING
Location of appliance: Basement Floor Attic Roof	Type of Chimney: <ul> <li>Masonry Lined</li> <li>Factory built</li> </ul>
Type of Fuel: Gas Dil Solid Appliance Name: Monter - Rinnai U.L. Approved F-Yes D No	<ul> <li>Metal AUG 1.4 2000</li> <li>Factory Built U.L. Listing #</li> <li>Direct Vent Type</li> <li>UL#</li> </ul>
Will appliance be installed in accordance with the manufacture's installation instructions?       Yes       No         IF NO Explain:	Type of Fuel Tank Dil Gas NA Size of Tank NA
The Type of License of Installer:         Master Plumber #	Number of Tanks $\underline{NA}$ Distance from Tank to Center of Flame $\underline{NA}$ feet. Cost of Work: $\underbrace{\$ 2000}$ Permit Fee: $\underbrace{\$ 40}$
Approved           Fire:	Approved with Conditions See attached letter or requirement Mispector's Signature Date Approved

Yellow - File Pink - Applicant's

Gold - Assessor's Copy

White - Inspection

## **BUILDING PERMIT INSPECTION PROCEDURES**

## Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

Maile

CBL: 428 L003001

Building Permit #: 09-0879

City of Portland, N	laine - Buildin	g or Use Permit	;	Permit No:	Date Applied For:	CBL:
389 Congress Street,		<b>C</b>		16 09-0879	08/14/2009	428 L003001
Location of Construction:	Ow	ner Name:	·	Owner Address:		Phone:
26 Presumpscot St	Da	ggett Leigh D		26 Presumpscot S	St	
Business Name:	Con	tractor Name:		Contractor Address:	·	Phone
	Ya	rmouth Gas Fitting	/ Robert Lock	17 Lafayette Stre	et Yarmouth	(207) 846-1028
Lessee/Buyer's Name	Pho	ne:		Permit Type:		
				HVAC		
Proposed Use:			Prop	osed Project Description	1:	
Multi Units - Three D.I gas heater located on th	e first floor.		firs	110011		
gas heater located on the second s	Status: Appro	0	s <b>Review</b> You SHALL	er: Marge Schmuck	onal kitchen equipme	Ok to Issue: 🗹
<ul> <li>gas heater located on the provided of the provided of</li></ul>	Status: Appro roval for an additi such as stoves, mi	onal dwelling unit. crowaves, refrigerat	s <b>Review</b> You SHALL ors, or kitche	er: Marge Schmuck	onal kitchen equipme special approvals.	Ok to Issue: 🗹 ent including, but
<ul> <li>gas heater located on the provided of the property shall</li> <li>gas heater located on the provided of the provided</li></ul>	Status: Appro roval for an additi such as stoves, mi remain a three (3)	onal dwelling unit. crowaves, refrigerat	s <b>Review</b> You SHALL ors, or kitche ny change of t	er: Marge Schmuck NOT add any addition n sinks, etc. Without	onal kitchen equipme special approvals.	Ok to Issue: 🗹 ent including, but ation for review and
<ul> <li>gas heater located on the Dept: Zoning</li> <li>Note:</li> <li>1) This is NOT an approvential approval.</li> <li>Dept: Building</li> </ul>	Status: Appro roval for an additi such as stoves, mi remain a three (3) Status: Appro	onal dwelling unit. crowaves, refrigerat family dwelling. Ar oved with Condition	s <b>Review</b> You SHALL ors, or kitche ny change of u s <b>Review</b>	er: Marge Schmuck NOT add any addition in sinks, etc. Without use shall require a se	onal kitchen equipme special approvals. parate permit applica	Ok to Issue: ent including, but ation for review and Date: 08/24/2009

O.K. to Issue CD 9/24