

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

Permit No: 06-1401	Issue Date:	CBL: 434 C005001
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Location of Construction: 309 VERANDA ST	Owner Name: Martins Point Health Care	Owner Address: 331 Veranda St	Phone:
Business Name:	Contractor Name: Johnson & Jordan	Contractor Address: 18 Mussey Road Scarborough	Phone 2078838345
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Commercial - Health Care Facility	Proposed Use: Commercial/Health Care Facility install a Lochinvar boiler w/ direct vent & 1000 gal tank	Permit Fee: \$190.00	Cost of Work: \$17,000.00	CEO District: 4
Proposed Project Description: Install a Lochinvar boiler w/ direct vent and 1000 gal tank		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: dmartin	Date Applied For: 09/22/2006	Zoning Approval		
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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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/22/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Pending	Reviewer: Michael A. Collins	Approval Date:
Note:	Ok to Issue: <input type="checkbox"/>		
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process. 2) The installation must comply with the State of Maine Gas Regulations. 3) Equipment must be installed in compliance with the manufacturer's specifications			
Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 09/25/2006
Note:	Ok to Issue: <input type="checkbox"/>		
1) Install shall comply with NFPA 58 2) Room shall be rated to NFPA 101 standards			

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