

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

This is to certify that Martins Point Health Care/Jonson & Jordan

has permission to Install a Lochinvar boiler w/ direct vent to roof tank

AT 309 VERANDA ST

Permit Number: 061401

PERMIT ISSUED

OCT 16 2006

434 C005001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is loaded or service is used-in 24 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Location of Construction: 309 VERANDA ST	Owner Name: Martins Point Health Care	Owner Address: 331 Veranda St	Permit No: 06-401	Issue Date: OCT 16 2006	BL: 434 C005001
Business Name:	Contractor Name: Johnson & Jordan	Contractor Address: 18 Mussey Road Scarborough	Phone:	Phone:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R-P		

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
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Proposed Project Description: Install a Lochinvar boiler w/ direct vent and 1000 gal tank	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>Dated Room</i> <i>NCPA 58</i> INSPECTION: Use Group: <i>I 1/B</i> Type: <i>WV</i> <i>IMC 2003</i> <i>BOILER</i> Signature: <i>Greg Cross</i> Date: <i>10/23/06</i>
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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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>with existing</i> Date: <i>9/22/06</i>	Zoning Appeal <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:	Historic Preservation <input checked="" 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

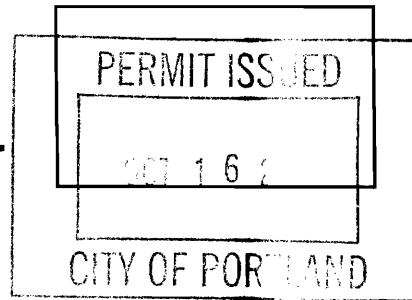
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

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



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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 / CBL 309 VERANDA Street Use of Building Commercial Office Date 6/22/06
Name and address of owner of appliance Martins Point Health Care
331 VERANDA STREET Portland, ME 04103
Installer's name and address Johnson's Jordan Mech. Contractors
18 MUSSEY RA. Scarborough, ME 04074 Telephone 883-8345

Location of appliance:

- ☒ Basement ☐ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☒ Gas ☐ Oil ☐ Solid
LP

Appliance Name: Lochmar BoilerU.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 # 02460
☐ Solid Fuel # _____
☐ Oil # _____
☒ Gas # PNT 4955
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined
Factory built _____

- ☐ Metal
Factory Built U.L. Listing # _____

☒ Direct Vent
Type OUT. 2 VENT UL# 1738 + B4636
STAINLESS
IN. CPVC

Type of Fuel Tank

- ☐ Oil
☒ Gas LP

Size of Tank 1000 GALNumber of Tanks (2)Distance from Tank to Center of Flame 400 feet.Cost of Work: \$ 17,000.00Permit Fee: \$ 190.00**Approved**

Fire: _____

Ele.: _____

Bldg.: _____

Signature of Installer

Approved with Conditions

- ☐ See attached letter or requirement

Inspector's Signature

Date Approved

12/04/06

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy