

# City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0963	Issue Date:	CBL: 438 A020001
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Location of Construction: 140 YALE ST	Owner Name: MJ DEVELOPMENT CO LLC	Owner Address: 50 THORNHURST RD	Phone:
Business Name:	Contractor Name: Jim Jackson	Contractor Address: 30 Bolton Street Portland	Phone 2078311810
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Single Family Weil McLain direct vent	Permit Fee:	Cost of Work: \$0.00	CEO District: 4
Proposed Project Description:		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: 06/27/2006	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Ma <input type="checkbox"/> Mino <input type="checkbox"/> M <input type="checkbox"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretati <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Historic Preservation</b> <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

<b>Location of Construction:</b> 140 YALE ST	<b>Owner Name:</b> MJ DEVELOPMENT CO LLC	<b>Owner Address:</b> 50 THORNHURST RD	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Jim Jackson	<b>Contractor Address:</b> 30 Bolton Street Portland	<b>Phone</b> 2078311810
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Pending	<b>Reviewer:</b>	<b>Approval Date:</b>	<b>Note:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b>	<b>Approval Date:</b>	<b>Note:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO



FILL IN AND SIGN WITH INK

438 A 020

# 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 Yale St Lot 10 Use of Building single dwell Date 6-27-06  
Name and address of owner of appliance Jim Uscott

Installer's name and address Jim Jackson 30 Bolton St Portland  
Telephone 831-1810

### Location of appliance:

- Basement
- Floor
- Attic
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: upel mclain/modern  
U.L. Approved  Yes  No Fire Place

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
Factory built \_\_\_\_\_
- Metal  
Factory Built U.L. Listing # \_\_\_\_\_
- Direct Vent  
Type on file UL# \_\_\_\_\_

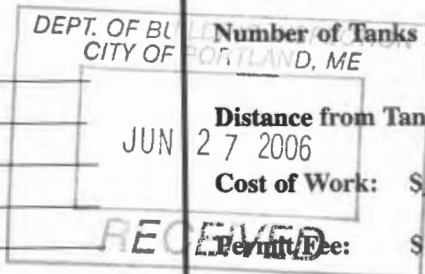
### Type of Fuel Tank

- Oil
- Gas

Size of Tank \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # 2231
- Solid Fuel # \_\_\_\_\_
- Oil # \_\_\_\_\_
- Gas # PAT 1604
- Other \_\_\_\_\_



Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ 3500

Permit Fee: \$ 57

### Approved

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: JMB

### Approved with Conditions

- See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer James M. Jackson

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

# 1197