

PERMIT ISSUED

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

Permit No: 0210684	Issue Date: 2002	CRI: 347 0014001
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Location of Construction: 145 Hennessy Dr	Owner Name: Briggs Marie E	Owner Address: 145 Hennessy Dr	Phone: 2077722155
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Business Name: n/a	Contractor Name: The Finest Kind	Contractor Address: 9 Commercial St. Portland	Phone: 2077722155
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Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone:
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Past Use: Duplex	Proposed Use: Duplex / Install HNG 750 TRS C NG Gas Heating.	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
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Proposed Project Description: Install Heating system	FIRE DEPT.: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: S3 2/1/02
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Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Signature: <i>[Signature]</i>	Date: 2/1/02
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Permit Taken By: gg	Date Applied For: 06/21/2002	Zoning Approval	
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Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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"/> Date:	<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:	<input 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:

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

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

PERMIT ISSUED
 3
 JUL 1 2002
 CITY OF PORTLAND

345 C 038014

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 70 Muskey Lane Portland Use of Building CONDO Date 6/19/02
 Name and address of owner of appliance PAOLO DEVELOPMENT 3 Firstode Lane
Portland, ME. 04105
 Installer's name and address THE FINEST KIND 9 Commercial St.
Portland, Maine 04101 Telephone 207-772-2155

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: HNG 750 TRS.C NG
 U.L. Approved Yes No

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

IF NO Explain: _____

Type of Chimney:
 Masonry Lined
 Factory built _____

Metal
 Factory Built U.L. Listing # _____

Direct Vent
 Type Impson U.I.# _____
Direct

Type of Fuel Tank
 Oil
 Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet

30.00

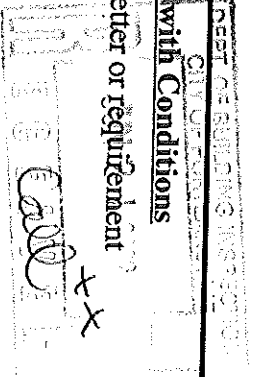
The Type of License of Installer:
 Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # PLT3869 Gas Test
 Other _____

Approved

See attached letter or requirement
 Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

Signature of Installer _____



White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

Application ID Number:

Department: Status: Reviewer:

Comments: Approval Date:

Given On Date:

OK to Issue Permit Name: Date: Date 2:

Conditions Section:

Create Date: By: Update Date: By: