

902283

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 1/18/91

PERMIT ISSUED

JAN 22 1991

City Of Portland

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:

2-4 Greenleaf St.

Location 24x Use of Building Condo units No. Stories New Building Existing

Name and address of owner of appliance Habitat for Humanity; Pleasant Ave - Portland

Installer's name and address: John R. Jenssen 751-7994 Telephone

45 Bayland St; Portland, ME 04103

Hot water heating systems in TWO UNITS OF BUILDING General Description of Work

IF HEATER, OR POWER BOILER
Location of appliance basement Any burnable material in floor surface or beneath? no
Kind of fuel? natural gas
Minimum distance to burnable material, from top of appliance or casing top of furnace 4 ft
From top of smoke pipe 4 in From front of appliance n/a From sides or back of appliance n/a
Size of chimney flue XXXXXXX Other connections to same flue XXX
If gas fired, how vented? sidewall Rated maximum demand per hour 100,000 btu
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER
Name and type of burner Labeled by underwriters' laboratories?
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank?
Type of floor beneath burner Size of vent pipe
Location of oil storage Number and capacity of tanks
Low water shut off Make No.
Will all tanks be more than five feet from any flame? How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE
Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smoke pipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION
(Heatmaker Plus - Name of burner)
cost of work - \$8000. - for 2 units
J.R. Jenssen - master electrician plumber license: # 904

Amount of fee enclosed? \$60.

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES

Signature of Installer: John R. Jenssen

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

Arthur Adams

**PLUMBING APPLICATION**

Department of Home Services  
Division of Health Engineering  
597-299-3636

7722151

Year Or  
Platation: 16 Hand

Street  
Subdivision Lot #: 2-4 GREENLEAF

PROPERTY OWNERS NAME: ✓

Last: Habice First: Thomas

Applicant  
Name: ✓

Mailing Address of  
Owner/Applicant  
(if Different): 45 Mayland St.

PORTLAND 3907 TOWN COPY

7-16-90

Richard J. Gaudin

113 SR

123

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 8/26/91

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Local Plumbing Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: 8/26/91

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY \_\_\_\_\_

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 2119104

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Silcock	2	Bathtub (and Shower) 2
		Floor Drain		Shower (Separate)
		Urinal	2	Sink 2
		Drinking Fountain	2	Wash Basin 2
		Indirect Waste	2	Water Closet (Toilet) 2
		Water Treatment Softener, Filter, etc.	2	Clothes Washer 2
		Grease/Oil Separator		Dish Washer
		Dental Gaspidor		Garbage Disposal
		Bidet	2	Laundry Tub 2
		Other: _____	2	Water Heater 2
Number of Hook-Ups & Relocations		Fixtures (Subtotal) Column 2	14	
Hook-Up & Relocation Fee				

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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FILL IN AND SIGN WITH INK  
APPLICATION FOR PERMIT FOR  
HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 1/13/91

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JAN 22 1991  
City Of Portland

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 ~~XXX~~ 2-4 Greenleaf St. Use of Building Condo units No. Stories New Building Existing "Habitat for Humanity; Pleasant Ave - Portland"  
Name and address of owner of appliance John R. Jonsen 761-7994 Telephone  
Installer's name and address ~~XXX~~ 45 Mayland St; Portland, ME 04103

Hot water General Description of Work  
To install heating systems in TWO UNITS OF BUILDING

FOR BOTH UNITS

IF HEATER, OR POWER BOILER

Location of appliance ~~XXXXXXXXXX~~ Any burnable material in floor surface or beneath? none  
If so, how protected? Kind of fuel? - natural gas -  
Minimum distance to burnable material, from top of appliance or casing top of furnace 4 ft  
From top of smoke pipe 4 in From front of appliance n/a From sides or back of appliance n/a  
Size of chimney flue ~~XXXXXXXXXX~~ Other connections to same flue ~~XXXXXXXXXX~~  
If gas fired: ~~XXXXXXXXXX~~ Rated maximum demand per hour 100,000 btu  
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Labeled by underwriters' laboratories?  
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank?  
Type of floor beneath burner Size of vent pipe  
Location of oil storage Number and capacity of tanks  
Low water shut off Make No.  
Will all tanks be more than five feet from any flame? How many tanks enclosed?  
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IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?  
If so, how protected? Height of Legs, if any  
Skirting at bottom of appliance? Distance to combustible material from top of appliance?  
From front of appliance From sides and back From top of smokepipe  
Size of chimney flue Other connections to same flue  
Is hood to be provided? If so, how vented? Forced or gravity?  
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

(Heatmaker Plus - Name of burner)

cost of work - \$8000. - for 2 units

J R Jonsen - master ~~XXXXXXXXXXXXXXXXXXXX~~ plumber license: # 01904

Amount of fee enclosed? \$60.

APPROVED:  
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\_\_\_\_\_  
\_\_\_\_\_

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of Installer *[Handwritten Signature]*

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

7 Nathan Arlato

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 299-3823

7722151

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street Subdivision Lot #: 2-9 GREENGAP

**PROPERTY OWNERS NAME**

Last: 10 Green Gap Rd

Applicant Name: Richard A. Sullivan

Mailing Address of Owner/Applicant (if Different): 45 Mayland St

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7-16-90

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**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in accordance with the Plumbing Rules

Signature of Inspector: [Signature] Date Approved: 8/26/91

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>R.I.9.0.4</u>

Hook-Up & Piping Relocation Maximum of 4 Hook-Ups	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<b>HOO-K-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <b>HOO-K-UP:</b> to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	2	Bathub (and Shower) 2
		Floor Drain		Shower (Separate)
<b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink 2
		Drinking Fountain	2	Wash Basin 2
		Indirect Waste	2	Water Closet (Toilet) 2
		Water Treatment Softener, Filter, etc.	2	Clothes Washer 2
		Grease/Oil Separator		Dish Washer
	Dental Cuspldior		Garbage Disposal	
	Joist	2	Laundry Tub 2	
Number of Hook-Ups & Relocations		Other: _____	2	Water Heater 2
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	1.4	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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