City of Portland, Maine -	_				rmit No: 03-0834	Issue Date	:	CBL:	00001	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				o [012 B009001			
113-133 Anderson St		Owner Name: Portland Housing Development			Owner Address:					
Business Name: Contractor Na					14 Baxter Blvd Contractor Address:			Phone		
		Pine State Plumbing & Heating			PO Box 6308 Scarborough			2078831200		
Lessee/Buyer's Name Phone:			Inolog & Hoating		Permit Type:				Zonet	
			į	HV					11/6	
Past Use:	Proposed Use:			Permit Fee: Cost of We		Cost of Wor	ork: CEO District:		7	
		Three Units w/heating		\$66.00 \$5,000						
·		systems in basement				INSPECT	INSPECTION:			
Proposed Project Description: Install Oil Heating System in Ba	Ly Awelli sement/275 Gallon T	o ank	It me) Signat	ture:	Denied	Use Grou	7/6	Trype:	
				PEDE	STRIAN ACTI	VITTES DIST			V	
				Action	n: Approv	ed App	proved w/C	onditions	Denied	
			٤		Signature:			Date:		
i i	ate Applied For: 07/14/2003	Zoning Approval			ıl	. /				
<u></u>			Special Zone or Review		s Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			☐ Variance			Not in District or Landman		
2. Building permits do not incl septic or electrical work.			☐ Wetland		Miscellaneous			☐ Does Not Require Review		
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		☐ Flood Zone			Conditional Use			Requires Review		
		Subdivision			☐ Interpretation			Approved		
		☐ Si	te Plan	☐ Approved			Approved w/Conditions			
			Minor MM	Denied		[Denied O			
		Date:			Date:		Date		7	
	l		-1127	409) 					
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a pern shall have the authority to enter al such permit.	ner to make this appli nit for work described	med pro cation a	is his authorized application is is	e prop agent sued, l	and I agree to a certify that t	to conform the code off	to all app icial's au	licable laws of thorized representations of the contract of th	of this esentative	
SIGNATURE OF APPLICANT	· · · · · · · · · · · · · · · · · · ·	. .	ADDRESS			DATE		PHO	NE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER FOLLIDMENT

- IILAIIIG OILI O	WEITEROIF MIEHT
To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	
Installer's name and address PINE STATE PEH PO BOX 6308 SCAPROPOUGH ME.	64670 Telephone 321-2264
Location of appliance: Basement	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Oil Solid Appliance Name: WEVE MCCAN WEO-5 U.L. Approved Pres Property No	☐ Metal Factory Built U.L. Listing # ☐ Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? ☐ Yes ☐ No	Type of Fuel Tank Oil Gas

IF NO Explain:	 	

The Type of License of Installer:

- ☐ Master Plumber #____
- ☐ Solid Fuel # _____
- □ 0il# MS 3000277/
- ☐ Gas #____
- ☐ Other_

\$ 5000.00

Size of Tank

Number of Tanks_

Approved Fire: Ele.:

Bldg.:

Signature of Installer

Approved with City of PORTLAND, ME

Distance from Tank to Center of Flame __/5__