

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0749	Issue Date:	CBL: 016 C014001
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Location of Construction: 41 ATLANTIC ST	Owner Name: FANCY DEBORAH J	Owner Address: 41 ATLANTIC ST	Phone: 207 883 9515
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 207 883 9515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:
Past Use: Single Family	Proposed Use: Single Family replace Burnham V-84 power vent w/ 220 gal replacement tank	Permit Fee: \$111.00	Cost of Work: \$9,175.00
Proposed Project Description: Replace Burnham V-84 power vent w/ 220 gal replacement tank		CEO District: 1	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
		INSPECTION: Use Group: N/A Type: N/A	
		Signature: N/A	Signature: [Handwritten Signature]
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature:	Date:

PERMIT ISSUED
 MAY 26 2006
 CITY OF PORTLAND

Permit Taken By: dmartin	Date Applied For: 05/19/2006	Zoning Approval		
1. 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"/> Date: N/A	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 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:	

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

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Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone (207) 883-9515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Single Family replace Burnham V-84 power vent w/ 220 gal replacement tank	Proposed Project Description: Replace Burnham V-84 power vent w/ 220 gal replacement tank
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Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 05/19/2006

Note: **Ok to Issue:**

1) Installation shall comply with 2003 International Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED

MAY 17 2006

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 / CBL 41 Atlantic Street Use of Building residential Date 5-16-06

Name and address of owner of appliance Stephen Frawley

Installer's name and address Dead River Co. 73 Pleasant Hill Rd - Scarborough ME 04074

Telephone 788 39515

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

(All replacements)

Appliance Name: Burnham - 84 - power venter - 220gal oil tank

U.L. Approved Yes No

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

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # MS30008108
- Gas # _____
- Other _____

Type of Chimney:

- Masonry Lined

Factory built

- Metal

Factory Built U.L. Listing # _____

- Direct Vent

Type Tjernlund SS-1 UL# 03150623

Type of Fuel Tank

- Oil
- Gas

Size of Tank 220 replacement

Number of Tanks 1

Distance from Tank to Center of Flame min 5' feet.

Cost of Work: \$ 9,175.00

Permit Fee: \$ 111.00

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer Dead River Co by Jayme Lawigne