PERMIT ISSUED

City of Portland, M	Iaine - Bui	lding or Use	Permi	t Application	1 Peri	nit No:	Issue Dat		CBL:	
389 Congress Street, (04101 Tel:	(207) 874-8703	B, Fax:	(207) 874-871	6	03-0438	MAY 0	7 200	016 F	024A01
Location of Construction: Owner Name:			Owner Address:				Phone:			
25 Fore St Casco Bay Ve			ntures 223 Woodvale Re		CITY OF	PORTLA	WC			
Business Name:		Contractor Name:			Contractor Address:			Phone		
		Jims Plumbing	g & Hea	ting Inc.	98 Lamb Rd Westbrook			2078548	068	
Lessee/Buyer's Name Phone:		Phone:			Permit Type:				*	Zone:
				·	HVA	'C			_	
Past Use: Proposed Us		Proposed Use:			Permit Fee: Cost of Work:			rk:	CEO District:	
Residential Condominium Res		Residential Co	Residential Condominium			\$30.00	\$	30.00		
					Approved			1	SPECTION: JEST ASSESSED OF STREET	
									\sim	
Proposed Project Description Install Oil Heating System		ent with 275 Gal	lon Tan	k	Signatu		MM	Signati	X	ut
					PEDES	I KIAN AU I	TIVITIES DIS		(•
					Action:		oved A	pproved w	/Conditions	Denied
Permit Taken By:	Dota A	pplied For:	r ·		Signature: Zoning Approval			Date:		
gad		2/2003				Zonin	g Approv	'ai		
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews Shoreland		ws	vs Zoning Appeal			Historic Preservation	
						☐ Variance			☐ Not in District or Landman	
 Building permits do not include plumbing, 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 ☐ Subdivision			Conditional Use			Requires Review	
						☐ Interpretation			Approved	
			│	te Plan		Approv	ved .		Approved w	/Conditions
			Maj Minor MM		Denied				☐ Denied	
			Date:			Date:		D	Date:	
			C	ERTIFICATION CONTROL OF CONTROL O	ON					
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner to if a permit for	o make this appl or work describe	ication a	as his authorized application is is	l agent sued, I	and I agree certify that	to conform the code o	to all apficial's a	pplicable laws authorized rep	of this resentative
SIGNATURE OF APPLICANT			ADDRESS		.	DATE		E	PHONE	
								· 		···
RESPONSIBLE PERSON IN	CHARGE OF V	VORK, TITLE					DAT	E	PHO	ONE



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

FILL IN AND SIGN WITH INK 03-0438

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED

MAY 0 7 2003

016 FORTLAND

accordance with the Laws of Maine, the Building Code of	, ,
Location 25 Fore ST U	Jse of Building reservence Date
Name and address of owner of appliance Walls &	(Ceayer
- Talmoully	
Name and address of owner of appliance Wally ly A calmoully Installer's name and address Sm's Ply (+)	<u>'</u>
	Telephone
Location of appliance:	Type of Chimney:
Basement	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
☐ Gas 🌠 Oil ☐ Solid	Factory Built U.L. Listing #
Appliance Name: Superco	S S S S S S S S S S S S S S S S S S S
U.L. Approved W Yes No	Direct Vent Type Lech shot UL# ###
	Type Selve With OL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions? Yes No	Oil
	☐ Gas
IF NQ Explain:	276
	Size of Tank
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	Number of fauxs
Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil # M S 3000 1 458	
☐ Gas#	
Other	20,00
Approved	Approved with Conditions
Fire:	See attached letter or requirement
Ele.:	
Bldg.:	
Signature of Installer Lim & PLP 17	450 Jan Markey

Yellow - File

White - Inspection

Pink - Applicant's

Gold - Assessor's Copy

City of Portland, Maine - Bu	ilding or Use Permi	t	Permit No:	Date Applied For:	CBL:			
389 Congress Street, 04101 Tel	: (207) 874-8703, Fax: ((207) 874-8716	03-0438	05/02/2003	016 F024A01			
Location of Construction:	Owner Name:	0	wner Address:		Phone:			
25 Fore St	Casco Bay Ventures	[2	23 Woodvale Rd					
Business Name:	Contractor Name:	C	ontractor Address:	Phone				
	Jims Plumbing & Hea	ting Inc. 9	8 Lamb Rd Westl	(207) 854-8068				
Lessee/Buyer's Name	Phone:		Permit Type:					
			HVAC					
Proposed Use:		Proposed	Project Description:					
Residential Condominium		Install (Install Oil Heating System in Basement with 275 Gallon Tank					
		į						
		ļ						
Dept: Zoning Status:	Not Applicable	Reviewer:	Marge Schmucka	l Approval D	ate:			
Note:					Ok to Issue:]		
			•					
Dept: Building Status:	Approved with Condition	ns Reviewer:	Tammy Munson	Approval D	eate: 05/07/200	13		
Note:					Ok to Issue:	J		
1) Installation shall comply with 1	993 BOCA Mechanical C	ode and State of M	Iaine Oil and Soli	d Fuel Board Laws	and Rules			
Dept: Fire Status:	Approved with Condition	s Reviewer:	Kandi Talbot	Approval D	ate: 05/06/200	<u> </u>		
Note:	••			**	Ok to Issue:			
1) the boiler shall be sepereted wit	h a one hour enclosure or	smoke protected v	with a domestic sp	rinkler				