389 Congress Street, 04101 Tel: (207) 874-8703		, Tux: (207) 07 1 07			Phone:	009001	
Location of Construction:		Owner Name:		Owner Address:			
62 HAMPSHIRE ST			IMOTHY & JUDIT62 HAMPSHIRE ST # 3R				
Business Name: Contractor Na				Contractor Address:		Phone	
		Down East Energy		172 Main Street South Portland		2077995585	
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
<u> </u>			HVAC				
Past Use: Proposed Use:			Permit Fee:	Cost of Work:	CEO District:		
single family home		single family home with 57 gallon		\$30.00 \$0.00			
	gas tank		FIRE DEPT:	Approved	NSPECTION: Use Group:	Trues	
				Denied	Use Group:	Туре:	
					IMAC.		
Proposed Project Description			$+ \mathcal{N}$ /		M		
install 57 gallon gas tank			Signatura				
instan 57 ganon gas tan			Signature: (Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		0		
)		
			Action: A	pproved Appro	ved w/Conditions	Denied	
			Signature:		Date:		
Permit Taken By:	Date Applied For:		Zon	ing Approval			
lmd	01/30/2008						
1. This permit applicat	ion does not preclude the	Special Zone or Rev	iews	Zoning Appeal	Historic Pr	eservation	
	neeting applicable State and	Shoreland	Variance		4 Not in District or Landm		
Federal Rules.		1					
2. Building permits do not include plumbing,		Wetland 1	Miscellaneous		Does Not R	lequire Revie	
septic or electrical work.Building permits are void if work is not started							
		Flood Zone		Conditional Use		Requires Review	
				nditional Use			
within six (6) month	s of the date of issuance.	$\left[-\Omega \right] $	`				
within six (6) month False information m	s of the date of issuance. ay invalidate a building		`	nditional Use erpretation	Approved		
within six (6) month	s of the date of issuance. ay invalidate a building			erpretation		10 ¹¹¹	
within six (6) month False information m	s of the date of issuance. ay invalidate a building	$\left[-\Omega \right] $	`	erpretation	Approved	w/Conditions	
within six (6) month False information m	s of the date of issuance. ay invalidate a building	Subdivision	Int	erpretation proved		v/Conditions	
within six (6) month False information m	s of the date of issuance. ay invalidate a building	Slibervision	Int	erpretation		w/Conditions	
within six (6) month False information m	s of the date of issuance. ay invalidate a building	Subdivision	M De	erpretation proved	Approved v Denied	v/Conditions	
within six (6) month False information m permit and stop all v	s of the date of issuance. ay invalidate a building	Subdivision	Int	erpretation proved		w/Conditions	
within six (6) month False information m	s of the date of issuance. ay invalidate a building	Subdivision	M De	erpretation proved	Approved v Denied	v/Conditions	

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

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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 62 Hamstile 028-CO09.	Use of Building
Name and address of owner of appliance	binson 62 Humphiles
Installer's name and address Depun East L <u>Saith</u> Fertland	Telephone 799-5555
Location of appliance: Basement Floor Attic Roof	Type of Chimney: Image: Masonry Lined Factory built
Type of Fuel: Gas Oil Solid	Metal Factory Built U.L. Listing #
Appliance Name: U.L. Approved Yes No Will appliance be installed in accordance with the manufacture's installation instructions? Yes IF NO Explain: The Type of License of Installer: Master Plumber # Solid Fuel # Oil # Gas # Mathematical State of Mathematical State of Mathematical State of	Direct Vent Type UL# Type of Fuel Tank Gas Gas Size of Tank Number of Tanks Distance from Tank to Center of Flame feet. Cost of Work: \$
Other <u>Approved</u>	Permit Fee: \$
Approved Fire: Ele.: Bldg.:	See attached letter or requirement
Signature of Installer	Inspector's Signature Date Approved

