

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	05-1159	Issue Date:	AUG 19 2005	PERL:	032 H001001
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Location of Construction: 110 EXCHANGE ST	Owner Name: SALT INC	Owner Address: 19 PINE ST	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 207 883 9515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	Zone:

Past Use: Commercial	Proposed Use: Commercial / Replace 2 existing 330 gallon tanks with 2 new 330 Gallon tanks	Permit Fee: \$48.00	Cost of Work: \$2,555.00	CEO District: 1
Proposed Project Description: Replace 2 existing 330 gallon tanks with 2 new 330 Gallon tanks		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 30	INSPECTION: Use Group: U Type: Heating IMC 2003	

Signature: Capt. Carr		Signature: [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 Taken By: Idobson	Date Applied For: 08/12/2005	Zoning Approval	
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1. 2. 3.	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"/> late:	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 late:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied late:
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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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Permit No: 05-1159	Date Applied For: 08/12/2005	CBL: 032 H001001
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Location of Construction: 1 10 EXCHANGE ST	Owner Name: SALT INC	Owner Address: 19 PINE ST	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone (207) 883-9515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	
Proposed Use: Commercial Replace 2 existing 330 gallon tanks with 2 new 330 Gallon tanks		Proposed Project Description: Replace 2 existing 330 gallon tanks with 2 new 330 Gallon tanks	

Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 08/18/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 08/18/2005
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

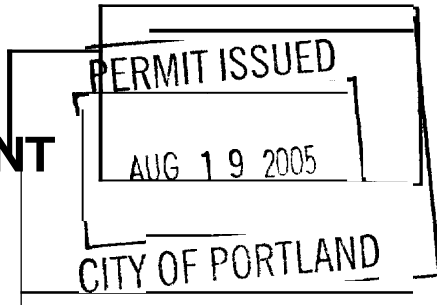
Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 08/18/2005
Note: **Ok to Issue:**

1) Install to comply with NFPA 31



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Use of Building _____ Date 8/8/05

SAWT INC
P.O. BOX 7800 PORTLAND, ME 04112

DEAD RIVER CO. 73 PLEASANT HILL RD SCARBOROUGH, ME 04070
Telephone (207) 883-9575

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- R Gas
- Oil
- Solid

Appliance Name:

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture'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:

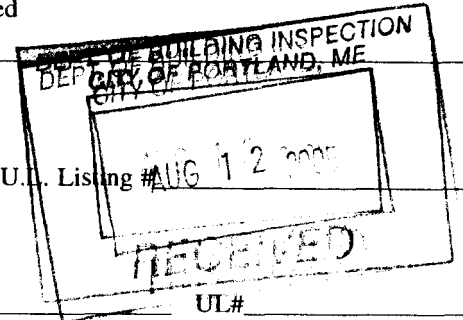
- Masonry Lined
- Factory built

- Metal

Factory Built U.L. Listing # AUG 12 2005

- Direct Vent

Type _____ UL# _____



Type of Fuel Tank

- Oil
- Gas

REPLACEMENT OF TANKS

Size of Tank 330 GALLON

Number of Tanks 2

Distance from Tank to Center of Flame 20 feet.

Cost of Work: \$ 2,555.00

Permit Fee: \$ 48.00

Approved

Approved with Conditions

Fire: _____

Ele.: _____

Bldg.: _____

- See attached letter or requirement

Signature of Installer

Harold C. Westung
HAROLD C. WESTUNG
DEAD RIVER CO.

Inspector's Signature

Date Approved