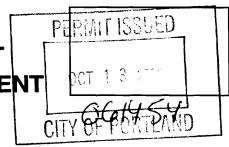
Location of Construction:	04101 Tel: (207) 874-8			<del></del>	039 G0	<u> </u>		
93 PARK ST	Owner Name	e: AIL DAWSON & HOWA	Owner Address: 95 PARK ST	007 1 3	Phone:			
Business Name:	Contractor N		Contractor Address		Phone			
Dusiness Hume.	Down Eas		172 Main Street		585			
Lessee/Buyer's Name	Phone:		Permit Type:	The second secon	Zone:			
			Tanks - Commer	cial		R-6		
Past Use:	Proposed Use	e:	Permit Fee:	Cost of Work:				
4 unit Conds		do - install a 120 gallon	\$30.00	\$30.00				
	Propane ta	ınk	FIRE DEPT:	Approved	SPECTION: se Group:  Type: ///			
			,   7	nied	se Group: U Type: / KA			
leg Aluse', 4	risi den		/	$X \mid A$	State 16	95		
Proposed Project Descript			$\dashv / / / /$	1		0-		
install a 120 gallon Pro	opane tank		Signature:	Signature: Signature:				
			PEDESTRIAN ACT	IVITIES DISTRIC	T (P.A.D.			
			Action: Appro-	ved Approve	d w/Conditions	Denred		
			Signature:		Date:			
Permit Taken By:	Date Applied For:		Zoning Approval					
Idobson	10/03/2006							
	cation does not preclude the		iews Zonii	ng Appeal	Historic Preservation  Not in District or Landmark			
Applicant(s) from Federal Rules.	meeting applicable State a	nd Shoreland	☐ Varianc	e				
2. Building permits septic or electrica	do not include plumbing, I work.	Wetland	Miscella	aneous	Does Not Require Review			
ũ.	are void if work is not started this of the date of issuance.	•	Condition	onal Use	Requires Review			
False information permit and stop al	may invalidate a building l work	Subdivision	[] Interpre	tation	Approved			
		Site Plan	Approve	ed	Approved w/	Conditions		
		Maj Minor Mi	M Denied		Denied to	M.Co		
		of with con	M 3		10/3/0	0.6		
		Date: 3	Date:		Date:	λ/		
			,		Malo	16		
					D'A	101.50		
					10.114	mus)		
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I homohu sautif di di	m the our 1 - 0 - 1	CERTIFICAT		المادة المساهرين	the course of	سط مصطدا حد		
	m the owner of record of the by the owner to make this							
jurisdiction. In additio	n, if a permit for work desc	ribed in the application is	issued, I certify that	the code officia	l's authorized repr	resentative		
shall have the authority such permit.	to enter all areas covered to	by such permit at any reason	onable hour to enforce	ce the provision	of the code(s) ap	plicable to		
saon pomme.								
SIGNATURE OF APPLICA	ANT	ADDRE	SS	DATE	PHONE			
RESPONSIBLE PERSON	N CHARGE OF WORK, TITLE			DATE	РНО	NE		





## **APPLICATION FOR PERMIT** HEATING OR POWER EQUIPMENT



	install the following heating, cooking or power equipment in of the City of Portland, and the following specifications:				
Location / CBL 35 G 2951  Name and address of owner of appliance   ### ### ###########################	Use of Building Priverte Date #366				
Installer's name and address Dozon Zost en	reg 172 Main St S.P.  Telephone				
Location of appliance:	Type of Chimney:				
☐ Basement ☐ Floor	☐ Masonry Lined				
☐ Attic ☐ Roof	Factory built				
Type of Fuel:	☐ Metal				
☐ Gas ☐ Oil ☐ Solid	Factory Built U.L. Listing #				
Appliance Name:	Direct Vent				
U.L. Approved  Yes  No	Type UL#				
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank				
installation instructions?	□ Oil				
	☐ Gas				
IF NO Explain:	Size of Tank				
The Type of License of Installer:	Number of Tanks				
☐ Master Plumber #	Transport of Tallito				
□ Solid Fuel #	Distance from Tank to Center of Flame feet.				
□ Oil #					
Gas # PNT 1445	Cost of Work: \$				
□ Other	Permit Fee: \$ 30.00				
Approved	Approved with Conditions				
Fire:	☐ See attached letter or requirement				
Ele.:					
Bldg.:	Inspector's Signature Date Approved				
Signature of Installer January	L				

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

			\/					^			
					Germ 7						
DAY OF INSTALL					APPOINTMENT						
DATE	4/23	2				DATE TIME					
TIME on Howard Co							SALES REP Stave				
PROPANE INSTALLATION FORM											
NAME: And Datas						<u> </u>		ACCOUNT#	<u> </u>		
ADDRES		93 6	267.	57 9	Post	Knd		PHONE#	77/-	198/	
DIRECTIO	ONS:		4079	1 11			N	1774-	-9000 £	X.E.	
					<del></del>			<del></del>		24	
								OIL CUSTOM	TER?		
QUOTE:	(Y/N)	1	L	ABOR:			PA	ART:			
JOB DESCRIPTION											
WORKO	RDER#(	(S)		<u> </u>	22002		TICKE	TS		_	
					J.						
		<u>5u</u>	aPo				<u></u>	mperior p	TIG DI		
HOT	, in		UNIT:	TRENC	H REQ	1		TRENCH D SHOP	REQUIR	) F	
work .	$\mathcal{V}_{HO}$							CUST	CONVERS	ION	
WALK SAFE		INSTALL OCATION	K	TCH_	LVRM	BDRM BATH GAR BASE OTHER					
** UNSAFE COND.	V AS	BESTOS	<b>MON</b>	FINED	1 WAT	TER 1	ANIMA		CTRIC OTH	HER /	
ELECTRIC GRD.	DE	SCRIPTI	ON:		2/1	7	Tom	. /	11		
CRAWL	1	151	/ /	Vet Pi	ا ز		70/11 2		Wolbs bas Ch.	CYCY	
SPACE * LADDER	1	Wit	PU	77g,	Hec	Kut	CINE!	I let	bas Cr.	re (N	
WRK * REMOVAL						FURTHEST APPLIANCE					
REQUIRED	3/8	1/2	5/8	1/2BI	3/4BI	1BI	1BI TRAC		PLASTIC	<del>  -  </del>	
PIPE SIZE		1/2		1/201	3/401	1101	IIA		TLASTIC		
VENTING							NOTES: ** (SIDING/TILE/ETC)				
REQUIRED PARTS/EQ	<u> </u> UIPMEN	NT:									
		<del>_</del>									
					DISCUSSED W/ CUST:						
					DISCUSSED W/ CUST:						
•				•							
					SPECIAL TOOLS:						
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