

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-1270	Issue Date: OCT 17 2003	CBL: 056 D031001
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Location of Construction: 43 Spruce St	Owner Name: Buchanan David	Owner Address: 43 Spruce St <i>CITY OF PORTLAND</i>	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use:	Proposed Use: replace 220 gallon tank	Permit Fee: \$39.00	Cost of Work: \$1,450.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Heating</i> <i>BOCHA Mechanical 1993</i>	

Proposed Project Description: replace 220 gallon oil tank	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: tmm	Date Applied For: 10/16/2003	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
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: _____	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: _____
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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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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Permit No: 03-1270	Date Applied For: 10/16/2003	CBL: 056 D031001
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Location of Construction: 43 Spruce St	Owner Name: Buchanan David	Owner Address: 43 Spruce 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: HVAC	

Proposed Use: replace 220 gallon tank	Proposed Project Description: replace 220 gallon oil tank
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Dept: Zoning	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 10/16/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:	1) Installation shall comply with 1993 BOCA 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

CITY OF PORTLAND

OCT 21 2003

PERMIT ISSUED

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

066 D 031

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 43 SPRUCE ST. Use of Building _____ Date _____

Name and address of owner of appliance DAVID BUCHANAN

43 SPRUCE ST. PORTLAND

Installer's name and address DEAD RIVER CO.

73 PLEASANT HILL RD. Telephone 772-2710

SEABOROUGH ME.

Location of appliance:

Basement Floor

Attic Roof

Type of Fuel:

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 # ME 2000/0017

Gas # _____

Other _____

Type of Chimney:

Masonry Lined

Factory built _____

Metal

Factory Built U.L. Listing # _____

Direct Vent

Type _____ UL# _____

Type of Fuel Tank

Oil

Gas

Size of Tank REPLACEMENT OF 220 GALLON

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 1,450.00

Permit Fee: \$ 39.00

Approved

Approved with Conditions

Fire: _____

Ele.: _____

Bldg.: _____

See attached letter or requirement

Signature of Installer [Signature]

Inspector's Signature _____

Date Approved _____