## PERMIT ISSUED

Location of Construction:	Owner Name:	(207) 874-8703, Fax: (207) 874-8710			Phone:	
43 Spruce St	'	Buchanan David		<b>^****</b> ********************************		
Business Name:			43 Spruce St CTV A POPELAND  Contractor Address: Phone			
A CONTRACTOR A CONTRACTOR	Dead River Co		PO Box 467 Scar	horough	2078839515	
Lessee/Buyer's Name Phone:			Permit Type:		Zone:	
•			HVAC			
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	
		replace 220 gallon tank		\$39.00 \$1,450.00		
Proposed Project Description:			FIRE DEPI:	Approved INSPEC Use Gro	11	
replace 220 gallon oil tank			JV I		1772	
replace 220 gailon on tank		Signature:	Signatur IVITIES DISTRICT (P			
		_				
			Action: Appro	ved Approved w/0	Conditions Denied	
			Signature:	_	Date:	
Permit Taken By:			Zoning Approval			
tmm	10/16/2003		<del></del>	<del></del>		
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Revie	<u> </u>	ng Appeal	Historic Preservation	
		Shoreland	☐ Variano	°ر   ,	Not in District of Lagram.	
2. Building permits do not include plumbing,		Wetland	Miscella	aneous	Does Not Require Review	
septic or electrical work.  3. Building permits are void if work is not started		☐ Flood Zong	Condi	onal lise	Requires Heview	
<ol> <li>Building permits are void within six (6) months of th</li> </ol>		1 1777 K				
False information may invalidate a building		☐ Subtlivision	☐ Interpre	tation	Approved	
permit and stop all work			- '		••	
		Ste Plan	Approv	ed	Approved w/Conditions	
		Maj Minor MM	Denied		Denied	
		1				

## **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	<del></del>	DATE	PHONE

DATE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

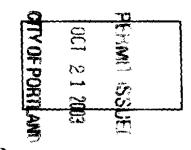
•		ilding or Use Permit (207) 874-8703, Fax: (2	207) 874-8	716	Permit No: 03-1270	Date Applied For: 10/16/2003	CBL: 056 D031001
Location of Construction:	ation of Construction: Owner Name: Owner			Owner Address: Phone:			
43 Spruce St		Buchanan David		4	43 Spruce St		
Business Name:		Contractor Name:		C	Contractor Address:		Phone
		Dead River Company		[P	O Box 467 Scart	orough	(207) 883-9515
essee/Buyer's Name		Phone:		ı	rmit Type: HVAC	<del>_</del>	
Proposed Use: replace 220 gallon tank				-	Project Description: 220 gallon oil tan		
Dept: Zoning Note:	Status:	Pending	Review	ver:		Approval I	Ok to Issue:
Dept: Building	Status:	Approved with Conditions	Review	er:	Tammy Munson	Approval I	Date: 10/16/2003 Ok to Issue:
	ply with 19	993 BOCA Mechanical Coc	de and State	of M	laine Oil and Soli	d Fuel Board Laws	

FILL IN AND SIGN WITH INK



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

056



	install the following heating, cooking or power equipment in of the City of Portland, and the following specifications:			
Name and address of owner of appliance DAVID BUCK	Use of Building Date  HANDY  EST. PORTLAND			
Installer's name and address  DEAD RIVE 73 PLEA				
Location of appliance:	Type of Chimney:			
Basement 🔾 Floor	Masonry Lined			
☐ Attic ☐ Roof	Factory built			
Type of Fuel:	☐ Metal			
Q Gas GOI Q Solid	Factory Built U.L. Listing #			
Appliance Name:	Direct Vent			
U.L. Approved Q Yes Q No	Type UL#			
Will appliance be installed in accordance with the manufacture's installation instructions? Yes	Type of Fuel Tank  Oil  Gas			
IF NO Explain:	DECIMENTAL MACALLAN			
The Type of License of Installer:  Master Plumber #	Number of Tanks			
☐ Solid Fuel #	Distance from Tank to Center of Flame feet.			
a on # M52000 (00)7	Cost of Work: \$ /,450.00			
Gas #	Permit Fee: \$ 39.00			
Approved	Approved with Conditions			
Fire:	See attached letter or requirement			
Ele.:				
Bldg.: Signature of Installer	Inspector's Signature Date Approved			
White - Inspection Yellow - File	Pink - Applicant's Gold - Assessor's Copy			