389 Congress Street, 04101 Tel: (207) 874-8703. Location of Construction: Owner Name:			Owner Address:		ISSUED A01	
128 Chadwick St Snow Michelle		elle H &	143 Park Dr # 14	JUN 1	3 2005	J
Business Name: Contractor Na			Contractor Add ess:	 	Phone	
Dead River Co		Company	PO Box 467 Scarbergueh DE D		20768395 5	
Lessee/Buyer's Name Phone:			Permit Type: HVAC	oll Ul PC	KILAND	Zone:
ast Use: Proposed Use:				Cost of Work:	CEO District:	
Single Family Home Single Family		ily Home/install a	\$111.00	\$9,325.00	2	
		boiler and super stor	FIRE DEPT:	Approved INSI	PECTION:	
	SSU80		7) —	Denied Use	Group:	Type: Head
			1 117			2
			⅃ // / /	\mathcal{X}	PECTION: Group: U	203
Proposed Project Description						
install a reeriess Ec ool	ler and super stor SSU80		Signature: U PEDESTRIAN ACTIV		nature:	
			1			
			Action: Approved	d	w/Conditions	Denied)
			Signature:		Date:	
Permit Taken By: ldobson	Date Applied For: 06/01/2005		Zoning A	Approval		
This permit applica		Special Zone or Rev	iews Zoning	Appeal	Historic Prese	ryation
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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. 		d Shoreland	Variance		Nor In District	or Landmari
		☐ Wetland	Miscelland	cous	Does Not Requ	nire Review
		d 170001 22mg	Condition:	al Use	Requires Revi	ew
		Subdivision	[Interpretat	ion.	☐ Approved	
		Site Plan	☐ Approved		☐ Approved w/C	onditions
		Maj 🗌 Miner 🦳 Mi	Denied		☐ Denied	1_
		Date:	Date:		Date:	05
		1 1			l	
		CERTIFICAT	ION			
	the owner of record of the y the owner to make this a					
urisdiction. In addition,	if a permit for work descr	ibed in the application is	issued, I certify that th	ne code official	's authorized repre	esentative
shall have the authority to such permit.	o enter all areas covered b	y such permit at any reaso	onable hour to enforce	the provision	of the code(s) app	olicable to
SIGNATURE OF APPLICAN				DATE	PHOP	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

•	ine - Building or Use Permit 101 Tel: (207) 874-8703, Fax: (207	7) 874-8716	Permit No: 05-0682	Date Applied For: 06/01/2005	CBL: 063 A019001
Location of Construction:	Owner Name:	 _	Owner Address:		Phone:
128 Chadwick St	Snow Michelle H &			143 Park Dr # 14	
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:	
	Dead River Company	1	PO Box 467 Scarb	orough	(207) 883-9515
Lessee/Buyer's Name	Phone:]	Permit Type:		
			HVAC		
Proposed Use:		Propose	d Project Description		
SSU80	all a Peerless Ec boiler and super stor	instan	a Peeriess Ec bolk	er and super stor SS	U8U
Dept: Zoning Note:	Status: Approved	Reviewer:	Tammy Munson	Approval I	Oate: 06/10/2005 Ok to Issue: ✓
Dept: Building Note:	Status: Approved with Conditions	Reviewer:	Tammy Munson	Approval I	Date: 06/10/2005 Ok to Issue: ✓
1) Installation shall comp	oly with 2003 International Mechanical	Code and St	ate of Maine Oil ar	nd Solid Fuel Board	Laws and Rules
Dept: Fire	Status:	Reviewer:		Approval I	Date:
Note:				77	Ok to Issue:

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APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT Permit # - 47

390 A CO	2
102 A 19	

To the	INSPECTOR	OF BUILDINGS,	PORTLAND,	ME.
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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 <u>/28 CHADWICK ST.</u> Name and address of owner of appliance THOMAS SYOW /	
Installer's name and address DEAD RIVER CO. 73 PLEAS	9NT HILL RD. SCARBOROUGH ME 14070 Telephone 883-9575
Location of appliance: Basement	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Oil Solid	☐ Metal Factory Built U.L. Listing #
U.L. Approved Yes No STOR SSUSO	☐ Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type of Fuel Tank Oil Gas JHM 1 2005
The Type of License of Installer: Master Plumber # Solid Fuel # Oil #	Number of Tanks Distance from Tank to Center of Flame feet. Cost of Work: \$ 9,325.00
☐ Gas #	Permit Fee: \$
Approved Fire: Ele.:	Approved with Conditions See attached letter or requirement
7	Inspector's Signature Date Approved Pink - Applicant's Gold - Assessor's Copy