I .	Location of Construction: Owner Name:			Owne	r Address:	7.3		Phone:	
15 Chadwick St Miller E Spence Business Name: Contractor Name n/a Rudi The Plum		er	15 0	15 Chadwick St Contractor Address:			n/a		
			Centr			מוֹא	Phone		
		nber	123	1231 Forest Ave. Portland			2077978311		
Lessee/Buyer's Name Phone:		Permit Type:					Zone:		
n/a		п/а		HV	AC				
Past Use: Proposed Use:		Per		ult Fee:	Cost of Work:	CE	O District:	1	
Sia	Single Family Same: Instal.		leating System			\$30.00	0	3	
				FIRE	_	N Approved	PECTI Group		Туре:
Proj	posed Project Description:		<u> </u>	_		ــــــــــــــــــــــــــــــــــــــ	مـ	Pn	DI -
lns	tall Heating System				Signature: (4)17 Signature:			much Hat	
				PEDE	ESTRIAN ACT	IVITIES DISTRIC	T (P.A.	.D.)	
				Actio	оа: 🔲 Аррго	ved 🗌 Approve	d w/Co	nditions 🔲	Denied
				Signa	atu re :		Da	ılė:	
	nit Taken By:	Date Applied For:			Zoning	Approval	_		
cil	<u> </u>	08/17/2001				_	_		
1.	This permit application d Applicant(s) from meetin Federal Rules.	-	Special Zone or Re	:VIEW8	Zoni	ng Appeal	l	Historic Prese	
2.	Building permits do not is septic or electrical work.	nclude plumbing,	☐ Wetland		☐ Miscell	aneous		Does Not Req	uire Review
	3. Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zone		Conditi	onal Use	∫ □	Requires Revi	ew
3.					_				
3.		he date of issuance. validate a building	Subdivision		Interpre	lation		Approved	
3.	within six (6) months of t False information may in	he date of issuance. validate a building	Subdivision Site Plan		☐ Interpre			Approved Approved w/C	Conditions
3.	within six (6) months of t False information may in	he date of issuance. validate a building	_ ·	1м 🗌	1 _				Conditions

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 ADDRES	S DATE	PHONE



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	1
APPLICATION FOR PERMIT	, 4
EATING OR POWER EQUIPMENT	<u> </u>
069 (007)	}

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of the Location	of Building Resultance Date 8/17/01 Come as 1960cm
Location of appliance:	Type of Chimney:
Basement / D Floor	Masonry Lined
D Attic D Roof	Factory built
Type of Fuel: A Gas (NATURAL) Appliance Name: Late McLain # 578 S17 U.L. Approved Ves D No Will appliance be installed in accordance with the manufacture's installation instructions? Yes D No IF NO Explain: Master Plumber # 0606 C D Solid Fuel # Oil # Gas # Other Other	Direct Vent Type UL# Type of Fael Tank Oil Size of Tank Number of Tanks Distance from Tank to Center of Flame feet.
Approved	Approved with Conditions
Fire:	☐ See attached letter or requirement
Ele.:	
Bldg.:	
Signature of Installer	Pink - Applicant's Gold - Assessor's Copy



Fire: _____

Signature of Installer

White Inspection Yellow - File

Ele.: Bldg.: __ FILL IN AND SIGN WITH INK

APPLICATION HEATING OR PO

069 C

FOR PERMIT MER COMMENT	
CITY OF PORTLAINE	IJ
ill the following heating, cooking or power equipment in se City of Partland, and the following specifications:	
of Building Residuals Date 8/17/01 (Sum as Above)	
231 Forest Ave PHD He 0403 Tolophanian Della /	_
Type of Chimney: Masonry Lind Factory built	
Metal Factory Built U.L. Listing #	 -
Direct Vent Type UL#	_
Type of Fuel Tank O Oil	, ,
Size of Tank	-
Number of Tanks Distance from Tank to Center of Flame feet.	 -
730.00	
Approved with Conditions See attached letter or requirement	

Gold - Assessor's Copy

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of the Name and address of owner of appliance Installer's name and address ______ Location of appliance: Basement Floor ☐ Amic Roof Type of Fuel: Gas Approved W Will applicate the material in accordance with the manufacture's installation instructions? Yes IF <u>NO</u> Explain:_ The Type of License of Installer: Master Plumber # 060 f 4 Solid Fuel #__ Q 01#_ 64 Gas#_ Other... Approved

Pink - Applicant's