| City of Portland, Main | e - Building or Use | Permi | t Applicatioi | | | Issue Date | : | CBL: | |
|---|--|---------------------------------------|--------------------------------------|--|---|--------------------------|-------------------------|---|----------------------------|
| 389 Congress Street, 0410 | 1 Tel: (207) 874-8703 | B, Fax: | (207) 874-871 | 6(| 03-1346 | | | 081 A0 | 16001 |
| Location of Construction: | Owner Name: | | | Owner Ad | ldress: | | | Phone: | |
| 210 Dartmouth St | Stahle Julie J | | | 210 Dar | rtmouth St | | | | |
| Business Name: | Contractor Name | 2: | | Contracto | r Address: | | | Phone | |
| | Dead River Co | ompany | | PO Box | 467 Scarl | borough | | 20788395 | 15 |
| Lessee/Buyer's Name | Phone: | | : | Permit Ty | pe: | | | | Zone: |
| | | | | HVAC | ! | | | | RS/R |
| Past Use: | Proposed Use: | | | Permit Fe | ee: | Cost of Wor | k: | CEO District: | atrea |
| Two unit | Two unit w/ne | w oil he | eating system | | \$66.00 | 5 | \$0.00 | 3 | Claati |
| Proposed Project Description: | in basement | · · · · · · · · · · · · · · · · · · · | | FIRE DE | | Approved | Use Gr | CTION: oup: R-3 BOCA N 1993 | Type: U lechemic 3 |
| Install new oil heating system | n in basement | | | Signature: | | · | Signatu | | |
| | | | | PEDESTR | RIAN ACTI | VITIES DIST | TRICT (I | P.A.D.) | |
| | | | | Action: [| Approv | ed 🗌 App | proved w/ | Conditions | Denied |
| | | | | Signature: | : | | | Date: | |
| Permit Taken By: | Date Applied For: | | | <u> </u> | Zoning | Approva | al | | |
| kwd | 10/27/2003 | | | | | FF | ··· | | |
| 1. This permit application applicant(s) from meeting Federal Rules. | • | l | cial Zone or Revie | ws [| Zonin Variance | g Appeal | | Historic Pres | ervation et or Landmark |
| Building permits do not septic or electrical work Building permits are voi within six (6) months of False information may in | Building permits do not include plumbing, septic or electrical work. | | ☐ Wetland ☐ Flood Zone ☐ Subdivision | | ☐ Miscellaneous ☐ Conditional Us ☐ Interpretation | | | ☐ Does Not Require Review ☐ Requires Heview ☐ Approve | |
| | | Si | Plan | [| Approve | d | | Approved w/0 | Conditions |
| | | Maj [| Minor MM | | Denied | | | Denied | |
| | | Date: | | Da | te: | | Di | ate: | |
| I hereby certify that I am the of I have been authorized by the jurisdiction. In addition, if a part shall have the authority to enter such permit. | owner to make this appli permit for work described | med pro ication a d in the | is his authorized application is is | e propose l agent and sued, I ce | d I agree tertify that t | o conform he code off | to all ap ficial's a | plicable laws outhorized repro | of this esentative |
| | | | | | | | | | |
| SIGNATURE OF APPLICANT | | | ADDRESS | | | DATE | | PHO | NE |

| • | • | | ilding or Use Permit (207) 874-8703, Fax: (20 | 07) 874-8716 | Permit No: 03-1346 | Date Applied For: 10/27/2003 | CBL: 081 A016001 |
|--------------------|---------------------|-----------|---|--------------|---|---------------------------------|---------------------------------|
| Location o | of Construction: | | Owner Name: | | Owner Address: | | Phone: |
| 210 Dar | tmouth St | | Stahle Julie J | | 210 Dartmouth St | | |
| Business N | lame: | | Contractor Name: | | Contractor Address: | | Phone |
| | | | Dead River Company | | PO Box 467 Scarb | orough | (207) 883-9515 |
| Lessee/Bu | yer's Name | | Phone: | | Permit Type: HVAC | | |
| Proposed 1 Two uni | it w/new oil heatin | ig system | in basement | I - | d Project Description: new oil heating sys | | |
| Dept: Note: | Zoning | Status: | Approved | Reviewer | Tammy Munson | Approval D | Pate: 11/05/2003 Ok to Issue: ✓ |
| Note: | Building | | Approved with Conditions 993 BOCA Mechanical Cod | | Tammy Munson | Approval D | Ok to Issue: 🗹 |

for Abedenbert 1110

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DEAD RIVER COMPANY

73 PLEASANT HILL ROAD, P.O. BOX 467 - SCARBOROUGH, MAINE 04070-0467

| 100Th and again SALES INVI | JOAL TO THE PARTY OF THE PARTY | |
|----------------------------|---|--|
| PROPOSAL SUBMITTED TO | ACCOUNT NORBER | The second secon |
| JULIE STAHLE | 93930 | MARK SOLOMON |
| STREET | PHONE NUMBER | TOB PHONE TOWN |
| 210 DARTMOUTH ST | | 773-6496 |
| CITY, STATE, AND ZIP CODE | JOB LOCA | |
| PORTLAND ME 04103 | | |

WE HÉREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

THE INSTALLATION OF A BURNHAM CAST IRON STEAM BOILER WITH A BECKETT BURNER AND A TANKLESS COIL FOR THE SUPPLY OF DOMESTIC HOT WATER AND A 275 GALLON VERTICAL OIL TANK PACKAGE TO REPLACE THE EXISTING OIL TANK.

INCLUDES:

V84-T

- All associated black iron pipe to adapt existing distribution system to new boiler including the installation of a "Hartford Loop" between supply and return manifold.
- Customer responsible for removal and disposal of existing boiler.
- Repack all radiator valves. Any steam vents that need replacement will be billed separately.
- New smoke pipe into the chimney including a new draft regulator.
- All necessary electrical work to update the system to current local and state codes.
- Complete start up system

200

***100 gallons of home heating oil FREE with installation! Provided work is completed within the next 30 days.

DEAD RIVER CO. WARRANTIES THIS INSTALLATION FOR 1 YEAR, PARTS AND LABOR.

THIS PROPOSAL IS SUBJECT TO THE CREDIT MANAGER'S APPROVAL.

WE HEREBY PROPOSE TO FURNISH LABOR AND MATERIALS - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS

FOR THE SUM OF: FOUR THOUSAND FOUR HUNDRED DOLLARSAND 00/100 (\$ 4400.00)

PAYMENT TO BE MADE AS FOLLOWS:

PAYMENT TO BE MADE AS FOLLOWS:

CONTRACT PRICE: \$ 4400.00
BALANCE DUE: \$ 4400.00

| AUTHORIZED SIGNATURE: | Mark | Vilomin ic | DATE: | 9-25-63 |
|-----------------------|------|------------|-------|---------|
|-----------------------|------|------------|-------|---------|

ALL MATERIAL IS GUARANTEE TO BE AS SPECIFIED. ALL WORK TO BE COMPLETED IN A WORKMANLIKE MANNER ACCORDING TO STANDARD PRACTICES. ANY ALTERATION FROM ABOVE SPECIFICATIONS INVOLVING EXTRA COSTS WILL BE EXECUTED ONLY UPON WRITTEN ORDERS, AND WILL BECOME AN EXTRA CHARGE OVER AND ABOVE THE ESTIMATE. ALL. AGREEMENTS CONTINGENT UPON STRIKES, ACCIDENTS OR DELIAYS BEYOND OUR CONTROL. OWNER TO CARRY FIRE, TORNADO AND OTHER NECESSARY INSURANCE. OUR WORKERS ARE FILLLY COVERED BY WORKER'S COMPENSATION INSURANCE. DEAD RIVER COMPANY CAN NOT REMOVE ASBESTOS, IF ASBESTOS IS PRESENT A CEXTIFIED ABATEMENT COMPANY WILL BE REQUIRED AT AN ADDITIONAL CHARG.

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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ORI AOK

| Installer's name and address DEND RIVER CO73 FU Location of appliance: Basement | |
|---|---|
| Location of appliance: Basement | Telephone 23-955 Type of Chimney: Masonry Lined |
| Basement | Masonry Lined |
| ☐ Attic ☐ Roof | • |
| | Factory built |
| m an . | |
| Type of Fuel: | ☐ Metal |
| ☐ Gas ☐ Oil ☐ Solid | Factory Built U.L. Listing # |
| Appliance Name: BURNING V847 STEM BOILES | ☐ Direct Vent |
| U.L. Approved ✓ Yes □ No | Type UL# |
| Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain: | Type of Fuel Tank Goil Gas Size of Tank CTY OF BUILDING INSPECTION CITY OF PORTLAND, ME CTY OF PORTLAND, ME |
| The Type of License of Installer: | Number of Tanks |
| ☐ Master Plumber # | |
| □ Solid Fuel # | Distance from Tank to Center of Flame feet. |
| Oil # MS2000(10)7 | Cost of Work: \$ 4,400.00 |
| ☐ Gas # | Cost of Work: \$ |
| Other | Permit Fee: \$ |
| Approved | Approved with Conditions |
| Fire: | ☐ See attached letter or requirement |
| Ele.: | • |
| Bldg.: | Inspector's Signature Date Approved |

Pink - Applicant's

Gold - Assessor's Copy