Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

PECTION

tion a

Permit Number: 089368SUED

This is to certify that \_\_\_\_SAVASTANO ANTHONY

UDY-M TTS/Keith Ive

m or l

has permission to \_\_\_\_\_\_install undergroud 1000 gall propane

AT -0 NANCY LN

provided that the person or persons. of the provisions of the Statutes of the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication inspe n musi

h and w n permi n procu b re this ding or t thered

of buildings and

ed or bsed-in.

IR NOTICE IS MEQUIRED.

ine and of the

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

epting this permit shall comply with all

ctures, and of the application on file in

ances of the City of Portland regulating

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board\_

Other

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Bu	uilding or Use	Permi	t Application	n Pern	nit No:	Issue Date		CBL:	
389 Congress Street, 04101 Tel	•				08-0365			083C C0	001001
ocation of Construction: QD Owner Name:				Owner Address:			Phone:		
ONANCY LN(#) Island	, <del></del>		HONY & JUD	2983 HOLIDAY COURT			207-712-9150		
Business Name: Contractor Name		<del></del>		Contrac	tor Address:			Phone	-
	Keith Ivers			POB	ox 104 Peal	ks Island		2077665700	
Lessee/Buyer's Name	Phone:			Permit '	Туре:				Zone:
				HVAC					
Past Use:	Proposed Use:	_		Permit	Permit Fee: Cost of Work		k:	CEO District:	
Single Family Home	Single Family	Home - install 000 gallon propane			\$35.00	9	00.00	1	
	_			FIRE D	Approveu		INSPE	NSPECTION:	
	tank				☐ Deni		Use Gr	se Group: 2 Type;	
							1		1000
							<i>N</i>	14# 58 J	
Proposed Project Description:								14 58 \ 5/28/65	K
install undergroud 1000 gallon pro	-						Signatu		
Mas curs	INA mund			PEDES	TRIAN ACTI	VITIES DIST	TRICT (I	P(A.D.)	
Jes, and	lergroun d			Action:	Approx	ed App	oroved w/	Conditions	Denied
,				Signatu	re:			Date:	
· ·	Applied For:				Zoning	Approva	ıl		
lmd 04	/18/2008	<u></u>	-:-17						
1. This permit application does n		! :	cial Zone or Revie	ews	Zoning Appeal		0	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance			Not in District or Landmar		
2. Building permits do not includ septic or electrical work.	0, 1		☐ Wetland ☐ Miscellan		neous	Does Not Require Revie		quire Review	
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		Flood Zone		Conditional Use		Requires Rev	iew		
		Subdivision			☐ Interpretation			Approved	
		☐ Si	te Plan		Approve	ed		Approved w/0	Conditions
		Maj [	Minor MM		Denied			Denied	
100 D		0 K Date: 5	liclor AKW	\ \	Date:		D	ate:	
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	of record of the na r to make this appl for work describe	Date: \$	CERTIFICATION or that the capplication is is	ON ne propo d agent a	osed work is and I agree certify that	to conform the code off	by the to all ap	owner of recor oplicable laws o outhorized repro	of this esentative
OKANIA TRIDE OF A PRIVACE OF									
SIGNATURE OF APPLICANT			ADDRESS	S		DATE		PHO	NE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

# CITY OF PORTLAND DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

389 Congress Street Portland, Maine 04101

#### **INVOICE FOR FEES**

Applicant:

SAVASTANO ANTHONY

Location:

NANCY LN

CBL:

083C C001001

**Invoice Date:** 

06/02/2008

Fee Description	Fee Charge
05/29/2008 AFTER-THE-FACT PERMIT	\$100.00

Amount Due Now: \$100.00

Detach and remit with payment

**CBL** 083C C001001

**Invoice Date:** 06/02/2008

**Invoice No: 679** 

Bill to: SAVASTANO ANTHONY

2983 HOLIDAY COURT

MORGAN HILL, CA 95037

**Total Amt Due:** \$100.00

**Payment Amount:** 

City of I of Hand, Maine - Du	ilding or Use Permit		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (2	08-0365	04/18/2008	083C C001001		
Location of Construction:	Owner Name:		Owner Address:		Phone:	
NANCY LN, (#9) Great Diamond SAVASTANO ANTHONY & JUD			2983 HOLIDAY	207-712-9150		
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Keith Ivers		P O Box 104 Peal	s Island	(207) 766-5700	
Lessee/Buyer's Name	Phone:	-	Permit Type: HVAC			
Single Family Home - install 1000 g	allon propane tank	install	1000 gallon propa	ane tank		
Dept: Zoning Status: Note:	Approved	Reviewer:	Ann Machado	Approval I	<b>Date:</b> 05/15/2008 <b>Ok to Issue:</b> ✓	

#### Comments:

2) Tanks shall be installed per NFPA 58

5/2/2008-amachado: Left message @ 712-9150. ( I don't know if it is Keith Iver's number or the Savastano's number) Need plot plan showing where the tank is going. Need to know if it is above ground or below ground tank.

5/15/2008-amachado: Still have not heard anything from Keith Ivers, the installer. Moving the permit forward to plan reviewer. Tammy said to give the permit to Jon since he is working with the contractor on other jobs at the site. Asked him to talk to the contractor and find out about the tank and where it is being located.

5/28/2008-jmb: Left message for Keith Ivers, for plot plan, compliance letter as Dean M. Confirmed it is underground and it has been covered over.

FILL IN AND SIGN WITH INK



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

08-0365	
-	

083C C001

To the I	NSPECTOR	OF BUIL	DINGS,	PORTLAND,	ME.
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The undersigned h	ereby applies for a pe	rmit to install the fo	llowing heating, cod	oking or power e	equipment in
accordance with the Laws	of Maine, the Buildin	g Code of the City of	of Portland, and the	following specif	ications:

accordance with the Laws of Maine, the Buttaing Code of the	
Location / CBL GRECT DIAMOND /Scons	
Name and address of owner of appliance June FAVAC	JANG 1 NANCY LANE
GREGT DIAMOND ISLAND	
Installer's name and address (EITT) IVER'S 9	
WINDHOM ME 04062	Telephone 201 7/2 9/50
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fyel:	☐ Metal
Gas 🗅 Oil 🗅 Solid	Factory Built U.L. Listing #
Appliance Name:	☐ Direct Vent
U.L. Approved    Yes    No	Type UL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions?  Yes	☐ Oil
	Gas
IF NO Explain:	
	Size of Tank 1000 Gallan
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	
□ Solid Fuel #	Distance from Tank to Center of Flame //OO'+ feet.
Oil #	Cost of Work: \$ 2 Second
Gas #	Cost of Work: \$\frac{1}{\times} \times \frac{1}{\times} \times \frac{1}{\times
Other	Permit Fee: \$
Approved	Approved with Conditions
Fire:	☐ See attached letter or requirement
Ele.:	•
Bldg.:	
Signature of Installer	Inspector's Signature Date Approved
White - Inspection Yellow - File Pi	nk - Applicant's Gold - Assessor's Copy