

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|-----------------------|----------------------------|----------------------|
| Permit No: 04-0146 | Issue Date: MAR 09 2004 | CBL: 083E A005001 |
|-----------------------|----------------------------|----------------------|

| | | | |
|---|----------------------------------|--|-------------------------------|
| Location of Construction: 92 West Shore Dr | Owner Name: Ron Fitch | Owner Address: Diamond Cove, Great Diamond Island | Phone: |
| Business Name: n/a | Contractor Name: David Hunter | Contractor Address: 11 Mountain Road Wiscasset | Phone: 541-7963 2078827963 |
| Lessee/Buyer's Name n/a | Phone: n/a | Permit Type: HVAC | Zone: IR-1 |

| | | | | | |
|--|---|---|--|--------------------|-----------|
| Past Use: Single Family | Proposed Use: Single Family / Install 1000 gallon gas heating tank . | Permit Fee: \$111.00 | Cost of Work: \$10,000.00 | CEO District: I | Shoreland |
| Proposed Project Description: Install 1000 gallon gas heating tank. | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R3 LP Type: Tank HVAC NFPA #58 Signature: JMB. 3/9/04 | | |
| | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____ | | | |

| | | | | |
|------------------------|---------------------------------|------------------------|--|--|
| Permit Taken By: gg | Date Applied For: 02/20/2004 | Zoning Approval | | |
|------------------------|---------------------------------|------------------------|--|--|

| | | | |
|--|--|---|--|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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.. | Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland N/A <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision #33-0120 orig permit <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____ | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ | Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: JMB |
|--|--|---|--|

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.

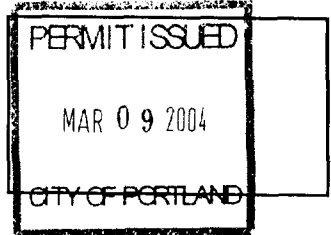
| | | | |
|---|---------|------|-------|
| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | DATE | PHONE |



FILL IN AND SIGN WITH INK

04 0146

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Agwest Shore Dr. 083E A005

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 LOT 5 WEST SHORE DRIVE, DIAMOND COVE Use of Building RES. Date 2/17/04
 Name and address of owner of appliance RON FITCH, Diamond Cove
East Diamond Is, 04109
 Installer's name and address DAVID W HUNTER, 11 MOUNTAIN RD WISCASSSET ME
 Telephone 882-7963

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: MUNCHKIN M/U MLP 199
 U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:
 Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # PNT 877
 Other _____

Type of Chimney:
 Masonry Lined
 Factory built _____
 Metal
 Factory Built U.L. Listing # _____
 Direct Vent
 Type PVC PIPE UL# M4127745

Type of Fuel Tank
 Oil
 Gas

Size of Tank 1000 GAL Buried

Number of Tanks 1

Distance from Tank to Center of Flame 80 feet.

Cost of Work: \$ 10,000

Permit Fee: \$ _____ 111.00

Approved

Approved with Conditions

See attached letter or requirement

Fire: _____
 Ele.: _____
 Bldg.: JMB

Inspector's Signature _____ Date Approved _____

Signature of Installer David W Hunter

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

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| Business Name: n/a | Contractor Name: David Hunter | Contractor Address: 11 Mountain Road Wiscasset | Phone (207) 882-7963 |
| Lessee/Buyer's Name n/a | Phone: n/a | Permit Type: HVAC | |

| | |
|--|---|
| Proposed Use: Single Family / Install 1000 gallon gas heating tank . | Proposed Project Description: Install 1000 gallon gas heating tank. |
|--|---|

| | | | |
|--|-------------------------------|---------------------------------|---|
| Dept: Zoning | Status: Not Applicable | Reviewer: Jeanine Bourke | Approval Date: 03/09/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Building | Status: Approved | Reviewer: Jeanine Bourke | Approval Date: 03/09/2004 |
| Note: 2/25/04 left vm w/Dave Hunter to submit plot plan showing distances of tank from property lines and principal structure, a floor plan for the furnace location and venting and if the furnace is in a room or open space. 3/9/04 owner came in with submissions. Ok to issue | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) Must inspect underground tank before backfill | | | |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

PORTLAND - GDI

Street, Road, Subdivision

LOTS WEST SHORE DRIVE

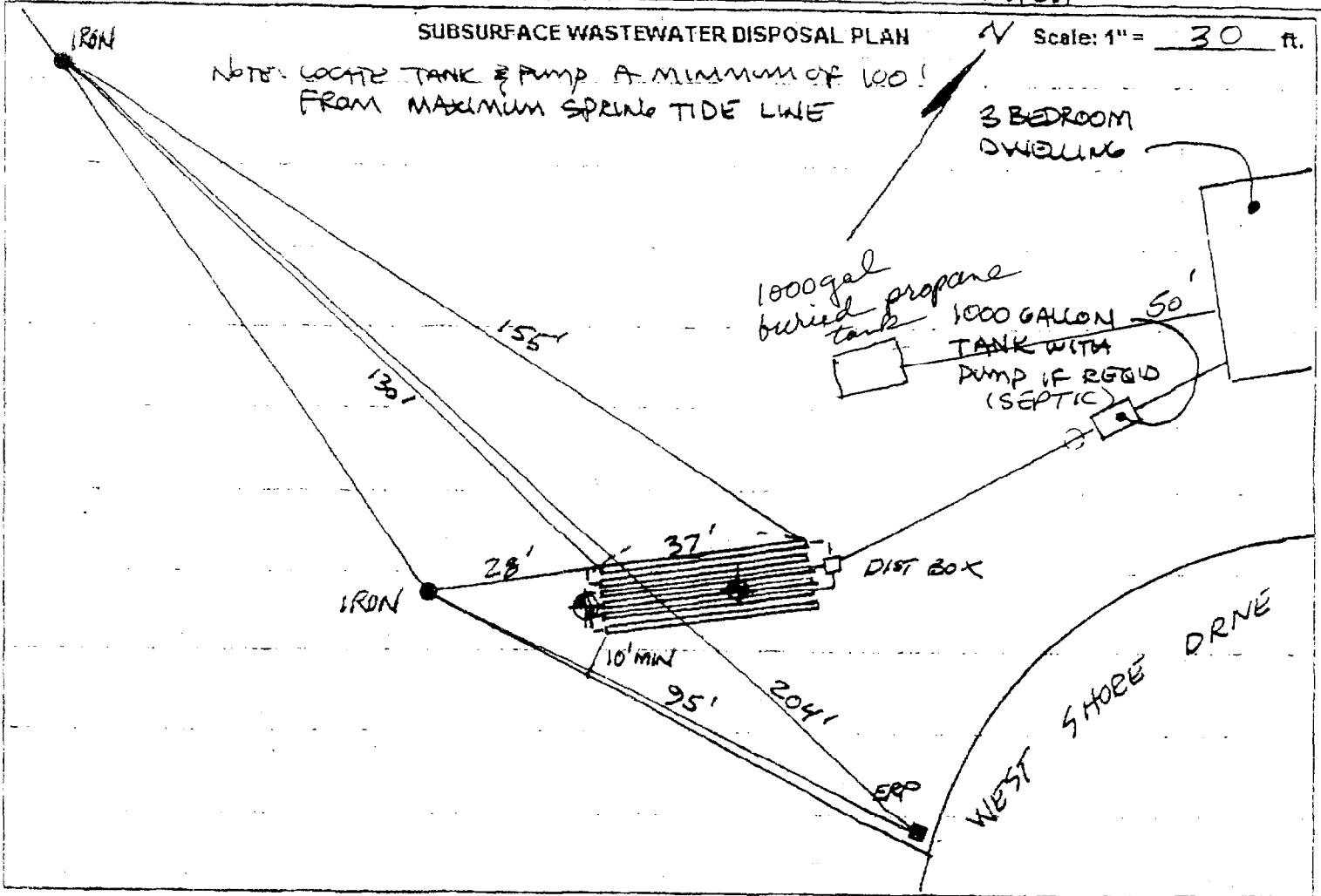
Owner or Applicant Name

RON FITCH

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 30 ft.

NOTE: LOCATE TANK & PUMP A MINIMUM OF 100' FROM MAXIMUM SPRING TIDE LINE



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) _____"
 Depth of Backfill (downslope) _____"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____"
 Top of Distribution Pipe or Proprietary Device _____"
 Bottom of Disposal Field _____"

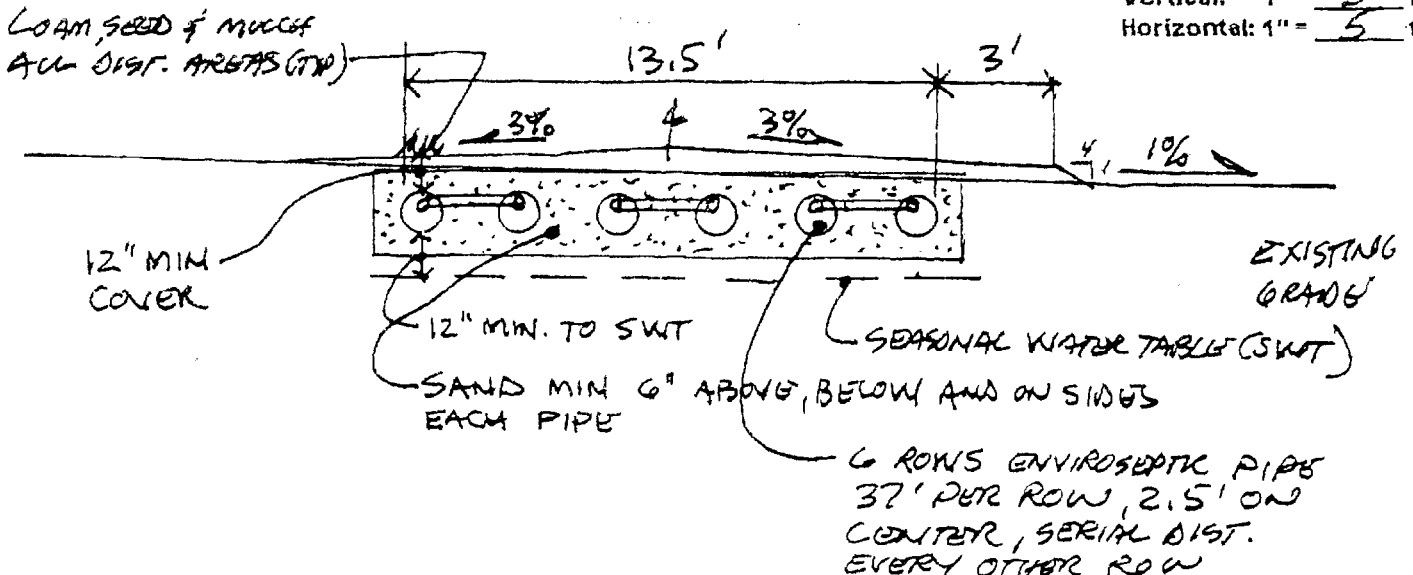
ELEVATION REFERENCE POINT

Location & Description: _____
 Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = 5 ft.
 Horizontal: 1" = 5 ft.



David A. Fitch
 Site Evaluator Signature

185
 SE #

4/26/02
 Date