

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 01-1534	Issue Date:	CBL: 086 A011001
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Location of Construction: 410 Seashore Ave	Owner Name: Sturrock Sandra G	Owner Address: 55 West Fairbranch	Phone:
Business Name: n/a	Contractor Name: Salevsky & Sons Plumbing & Heatin	Contractor Address: PO Box 242 Cape Cottage Road Cape	Phone 2078838069
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Single Family / Install Gas fuel tank	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Install Gas Heating System		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB <i>Boiler &amp; Mech State of Maine Oil &amp; Solid Fuel Burner</i>	
		Signature:	Signature: <i>DC</i>	
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: 12/14/2001	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>		<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input 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: _____

**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.

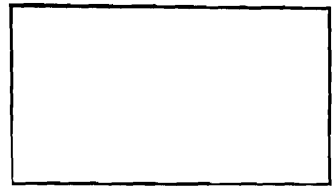
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



FILL IN AND SIGN WITH INK

TO DC

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



076 A 011

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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 410 Sea Shore Peaks Island Use of Building \_\_\_\_\_ Date 12.14.01  
Name and address of owner of appliance Sturrock, Sandra

Installer's name and address Salevsky & Sons Plg & Htg Inc.  
P.O. Box 242 Cape Cottage Dr. Cape Eliz Me. 04107 Telephone 883-8069

**Location of appliance:**

Basement       Floor  
 Attic             Roof

**Type of Fuel:** L.P.

Gas       Oil       Solid

**Appliance Name:** \_\_\_\_\_

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 3605  
 Other \_\_\_\_\_

**Type of Chimney:**

Masonry Lined  
Factory built \_\_\_\_\_

Metal  
Factory Built U.L. Listing # \_\_\_\_\_

Direct Vent 3/ Fire place  
Type L.P. gas. UL# \_\_\_\_\_

**Type of Fuel Tank**

Oil  
 Gas

**Size of Tank** \_\_\_\_\_

**Number of Tanks** \_\_\_\_\_

**Distance from Tank to Center of Flame** \_\_\_\_\_ feet.

\$ 30.00

Approved

Approved with Conditions

Fire: \_\_\_\_\_  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

See attached letter or requirement

Signature of Installer [Signature]

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