

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED		Permit No: 020045	Issue Date: Jan 23 2002	CBL: 087 W001001
Location of Construction: [REDACTED]		Owner Name: Costello Sarah A	Owner Address: 264 Island Ave.	Phone: [REDACTED]
Business Name: n/a		Contractor Name: Erico, Paul	Contractor Address: 264 Island Ave., Peaks Island Portland	Phone: 2077662482
Lessee/Buyer's Name: n/a		Phone: n/a	Permit Type: HVAC	Zone: [REDACTED]

Past Use: Single Family	Proposed Use: Single Family / Peerless 275 Gallon Oil Tank
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Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group R-3 Type: SB Heating Signature: [Signature]
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Proposed Project Description:
Install Heating System

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
ACTION:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input type="checkbox"/> Denied
Signature:	Date: [REDACTED]		

Permit Taken By: gg	Date Applied For: 01/16/2002
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Zoning Approval

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 Review
<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: 1/22/02

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: 1/22/02

Historic Preservation
<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: 1/22/02

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
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RESPONSIBLE PERS



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED
JAN 23 2002
CITY OF PORTLAND

087 W - 02 0043 087 W 001

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 264 ISLAND AVE Use of Building RES Date 2-15-02
Name and address of owner of appliance SALLY COSTELLO
264 ISLAND AVE [REDACTED] 04108
Installer's name and address PAUL ERIC 58 ELIZABETH ST. PEAKS IS
Telephone 766 2482

Location of appliance:

Basement Floor
 Attic Roof

Type of Fuel:

Gas Oil Solid

Appliance Name: PEELED

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 # MASTER 1+2 OILS
 Gas # 5738
 Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type ISLAND UL# YES

Type of Fuel Tank

Oil
 Gas

Size of Tank 275

Number of Tanks 1

Distance from Tank to Center of Flame 5'6" feet

30.00

Approved

Approved with Conditions

See attached letter or requirement

Fire: _____
Ele.: _____
Bldg.: _____

Signature of Installer Paul Eric