

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1431	Issued: PERMIT ISSUED OCT 16 2006	CPL: 089 F014001
Owner Address: 640 SEASHORE AVE	Contractor Address: 49 Sterling St Peaks Island	Phone: 207-665700
CITY OF PORTLAND		Zone: IR-1

Location of Construction: 640 SEASHORE AVE	Owner Name: KARLSEN GUSTAV E & MARY
Business Name:	Contractor Name: Peaks Island Fuel/ Keith Neils
Lessee/Buyer's Name	Phone:

Past Use: Single Family Home	Proposed Use: Single Family Home/ install a DVD 32 Majestic
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Permit Fee: \$40.00	Cost of Work: \$1,500.00	CEO District: 2
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>HVAC</i> <i>State Gas Regs</i> Signature: <i>[Signature]</i>
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Proposed Project Description:
install a DVD 32 Majestic

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: ldobson	Date Applied For: 09/29/2006
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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 Reviews

Shoreland

Wetland *to remain*

Flood Zone *single family*

Subdivision

Site Plan

Maj Minor MM

Date: *10/3/06*

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Date: _____

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Approved

Approved w/Conditions

Denied

Date: *[Signature]*

CERTIFICATION

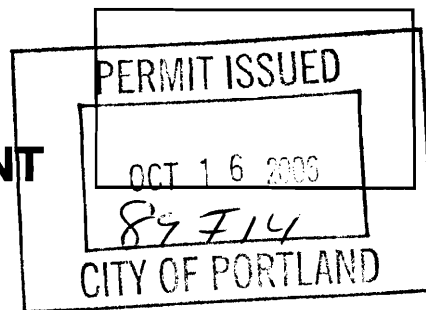
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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 / CBL _____ Use of Building RESIDENCE Date 9/29/06
 Name and address of owner of appliance GUS KRIFSON 640 SEASHORE AVE
PEAKS ISLAND 04108
 Installer's name and address KEITH NERS C/O PEAKS ISLAND FUEL 35
MOUNTAIN RD PORTLAND ME 04103 Telephone 207-766-5700

Location of appliance:

- Basement
- Floor
- Attic
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: DND32 MAJESTIC

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 # PNT5030
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____

- Metal
Factory Built U.L. Listing # _____

Direct Vent
Type B VENT

Type of Fuel Tank

- Oil
- Gas

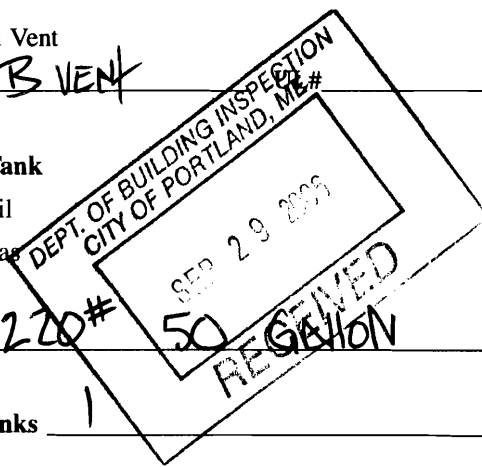
Size of Tank 220#

Number of Tanks 1

Distance from Tank to Center of Flame 35 feet.

Cost of Work: \$ 1500

Permit Fee: \$ _____



Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

- See attached letter or requirement

Signature of Installer [Signature]

Inspector's Signature _____

Date Approved _____