City of Portland, N	Iaine - Rui	ilding or Use	Permi	t Application	Permit No:	Issue Date:	CBL:	
389 Congress Street,		_			04 1055		111 B0	010001
		Owner Name:			Owner Address:		Phone:	
		Todd Jean K						
Business Name:		Contractor Name	e:		A		ni	
		Dead River Company						
Lessee/Buyer's Name		Phone:						Zone:
					HVAC			1KS
Past Use:		Proposed Use:			Permit Fee:	Cost of Work:	CEO District:	7
		Single Family			\$39.00	\$1,470.00		
Proposed Project Description Replace 275 Gallon Oi		ement			Signature	Denied 2	BOCA M	Type: Hear
Replace 273 Gallon Of	Tank in Das	ement			Signature 1	Signa	iture.	
					Action: Appro	ved Approved	w/Conditions	Denied
					Signature:		Date:	
Permit Taken By:		Applied For:			Zoning	g Approval		
ldobson	08/2	25/2004						
1. This permit applica			Special Zone or Revie		ws Zoning Appeal		Historic Preservation Not in District or Landmar	
Applicant(s) from meeting applicable State at Federal Rules.		icable State and	Shoreland		Variano	ce		
2. Building permits do not include plumbing, septic or electrical work.			□ w	etland	Miscellaneous		Does Not Require 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		Conditi	onal Use	Requires Review	
			Subdivision		Interpre	etation	Approved	
			Si	te Plan	Approv	ed	Approved w/	'Conditions
			Maj [Minor MM	Denied		☐ Denied ≤	\geq
			Date:	9/3/01	late:		late:	<u>ノ</u>
I hereby certify that I am I have been authorized b jurisdiction. In addition shall have the authority t such permit.	y the owner t , if a permit f	to make this appli or work described	med pro ication a d in the	as his authorized application is is	e proposed work is agent and 1 agree sued, I certify that	to conform to all the code official's	applicable laws authorized repr	of this resentative
SIGNATURE OF APPLICAN	NT			ADDRESS		DATE	РНО	ONE
RESPONSIBLE PERSON IN	CHARGE OF V	WORK, TITLE				DATE	РНО	ONE

City of Portland, Maine - Bu	Permit No:	Date Applied For					
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (207)	207) 874-	871 <u>6</u>	04-1255	08/25/2004	1	11 B010001
Location of Construction:	Owner Name:		(Owner Address:	•	Pho	ne:
43 Deerfield Rd	Todd Jean K			43 Deerfield Rd			
Business Name:	Contractor Name:		(Contractor Address:			ne
	Dead River Company]	PO Box 467 Scarb	orough	(20	07) 883-9515
essee/Buyer's Name Phone:			Permit Type:			•	
	<u> </u>			HVAC			
Proposed Use:		Pi	roposed	l Project Description:			
Single Family		R	eplac	e 275 Gallon Oil T	ank in Basemer	nt	
Dept: Zoning Status:	Approved	Revie	wer:	Marge Schmucka	1 Approva	al Date:	09/30/2004
Note:						Ok t	o Issue: 🗹
Dept: Building Status:	Approved with Conditions	s Revie	wer:	Residential Plan I	Revie Approv a	al Date:	09/17/2004
Note:						Ok t	o Issue: 🗹
1) Installation shall comply with 19	02 DOCA M 1 - 1 - 1 C	1 10					





Signature of Installer

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	04-1255
	install the following heating, cooking or power equipment in of the City of Portland, and the following specifications:
Location / CBL 43 DETRHELD	Use of Building RES Date 8/23/4
Name and address of owner of appliance JEAN TODD H 3 DEFREGA	LD PARTIANA ME 124103
Installer's name and address DEAD RIVER CO. 7 CARBOROUGH, MAINE	Telephone (207) 883-9515
Location of appliance:	Type of Chimney:
Basement	☐ Masonry Lined
O Attic O Roof	Factory built
Type of Fuel:	☐ Metal
O Gas 🛱 Oil 🚨 Solid	Factory Built U.L. Listing #
Appliance Name: OIL TANK:	— □ Direct Vent
U.L. Approved Y Yes □ No	Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes \(\sigma\) No	Type of Fuel Tank Oil
IF NO Explain:	Gas REPLACEMENT OF Size of Tank 275 GALLON OIL TANK
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	at .
O Solid Fuel #	Distance from Tank to Center of Flame feet.
	Cost of Work: \$ /470.00
Gas #	70 12
Other	Permit Fee: \$ <u>37.00</u>
Approved Fire:	Approved with Conditions ☐ See attached letter or requirement
Ele.:	~ · · · · · · · · · · · · · · · · · · ·
Bldg.:	Inspector's Signature Date Approved
Au II. Mky tron	N) /

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

White - Inspection