Form# P 04 DISPLAY THIS				E OF WORK
Application And Notes, If Any, Attached	E	F POR		rmit <b>Number: 0</b> 41147
This is to certify that <u>Miller Thomas O</u>	Dead Rive	y		·
has permission to Replace existing to	poiler w/ Ri	th prop bo	iler & place 2 50 lb t	anks w/ 2 100 lb tanks
AT _41 Powsland St			<u> </u>	01
provided that the person or p of the provisions of the Statu the construction, maintenand this department.	utes of Natine a	and of the buildings and	ances of the	permit shall comply with al City of Portland regulating Of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	e gin and s b re this lated or	w n permis s i ding or t	h procu A thereo pro sed-in.	certificate of occupancy must be ocured by owner before this build- or part thereof is occupied.
OTHER REQUIRED APPROVALS				
Fire Dept Health Dept.				$\sim$ 1 / .
Appeal Board			$C \mathcal{D}($	1. Stolate
Other DepartmentName	PENALTY FC	OR REMOVING		Sector - Building & Inspection Services
		б., а	-	
	• · •			

City of Portland, Maine - B	on Pe	ermit No:	Issue Date:	CBL:							
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				04-1147		'190 K00	01001				
Location of Construction: Dwner Name:			Dwne	Dwner Address:		Phone:	Phone:				
<b>41</b> Powsland St Miller Thomas <b>0</b>		<b>43</b> P	43 Powsland St								
Business Name: Contractor Name:		e: Con		ractor Address:		Phone	Phone				
Dead River Co		ompany	mpany PO Box 467 Scarborough		orough	2078839515					
.essee/Buyer's Name	'hone:		Perm	Permit Type:			Zone:				
			HV	'AC			pe-s				
'ast Use:	'roposed Use:										
Apt Building	Apt Building	Replace existing		\$48.00 \$2,525.00 3		0 3					
		nai Conthuum Propane		E DEPT:	Approved INS	SPECTION:					
		ace 2 50 lb tanks w/ 2	2			Group: // AType:					
	1001b tanks			L		NEATIN	$\sim$				
						ab. l					
'roposed Project Description:						81319	3				
Replace existing boiler w/ Rinnai	Conthuum Propane	boiler & Replace 2	Signa	ature,	KHM Sig	nature: Uhh	X				
50 lb tanks w/ 2 100 lb tanks			PEDI	ESTRIAN ACTIV	<b>TITIES DISTRIC</b>	CT (P.A.D.)					
			Action: Approved Approved w/Conditions Denied				Denied				
			Signa	Signature: Date:		Date:					
'ermit Taken By: Dat	e Applied For:			Zoning	Approval						
ldobson 08	3/11/2004										
1. This permit application does i	not preclude the	Special Zone or Reviews		Zoning	g Appeal	Historic Prese	rvation				
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	Shoreland				or Landmark				
<b>2.</b> Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review					
<ol> <li>Building permits are void if work is not started</li> </ol>		Flood Zone		Conditional Use		Requires Review					
within six (6) months of the date of issuance.											
False information may invalidate a building permit and stop all work		Subdivision		Interpretation		Approved					
		Site Plan		Approved		Approved w/C	onditions				
		Maj Minor Mi	μ Γ	Denied		Denied					
		Date: Wy	22/2	Date		Date:	$\prec$				
			~ 10	<b>~</b>	1						

## 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

City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (	6 04-1147	08/11/2004	190 K001001		
ocation of Construction:	Owner Name:		Owner Address:		Phone:
41 Powsland St	Miller Thomas O		43 Powsland St		
lusiness Name:	Contractor Name:		Contractor Address:		Phone
	Dead River Company		PO Box 467 Scarborough		(207) 883-9515
essee/Buyer's Name	Phone:		Permit Type:		
			HVAC		
'roposed Use:		Propos	ed Project Description:		
Apt Building (3 dwelling units) Repl	e	-		/ Rinnai Conthuum P	ropane boiler &
Conthuum Propane boiler & Replace	2 50 lb tanks w/ 2 100 lb	tanks Repla	nce 2 50 lb tanks w/	2 100 lb tanks	
Dept: Zoning Status: A	pproved with Conditions	Reviewer	: Marge Schmucka	al Approval Da	ate: 08/23/2004
Dept: Zoning Status: A Note:	pproved with Conditions	Reviewer	: Marge Schmucka		ate: 08/23/2004 Ok to Issue:
	lditional dwelling unit. Y	ou SHALL N	OT add any addition	nal kitchen equipmen	Ok to Issue:
Note: 1) This is NOT an approval for an ac	Iditional dwelling unit. Yos, microwaves, refrigerator	ou SHALL N rs, or kitchen	OT add any addition sinks, etc. Without s	nal kitchen equipmen pecial approvals.	Ok to Issue:
<ul> <li>Note:</li> <li>1) This is NOT an approval for an ac not limited to items such as stoves</li> <li>2) This property shall remain a three approval.</li> </ul>	Iditional dwelling unit. Yos, microwaves, refrigerator	ou SHALL N rs, or kitchen change of use	OT add any addition sinks, etc. Without s	nal kitchen equipmen pecial approvals.	Ok to Issue:
<ul> <li>Note:</li> <li>1) This is NOT an approval for an ac not limited to items such as stoves</li> <li>2) This property shall remain a three approval.</li> </ul>	Iditional dwelling unit. Yos, microwaves, refrigerator (3) family dwelling. Any	ou SHALL N rs, or kitchen change of use	OT add any addition sinks, etc. Without s shall require a sepa	nal kitchen equipmen pecial approvals. trate permit application Approval Da	Ok to Issue:
<ul> <li>Note:</li> <li>1) This is NOT an approval for an ad not limited to items such as stoves</li> <li>2) This property shall remain a three approval.</li> <li>Dept: Building Status: A</li> </ul>	Iditional dwelling unit. Yes, microwaves, refrigerator (3) family dwelling. Any pproved with Conditions	ou SHALL N rs, or kitchen change of use	OT add any addition sinks, etc. Without s shall require a sepa	nal kitchen equipmen pecial approvals. trate permit application Approval Da	Ok to Issue: $\Box$ it including, but on for review and <b>ate:</b> $08/31/2004$
<ul> <li>Note:</li> <li>1) This is NOT an approval for an acon not limited to items such as stoves</li> <li>2) This property shall remain a three approval.</li> <li>Dept: Building Status: A Note:</li> <li>1) Must comply with State and NFPA</li> </ul>	Iditional dwelling unit. Yes, microwaves, refrigerator (3) family dwelling. Any pproved with Conditions	ou SHALL N rs, or kitchen change of use <b>Reviewer</b>	OT add any addition sinks, etc. Without s shall require a sepa	nal kitchen equipmen pecial approvals. trate permit application Approval Da	Ok to Issue:  t including, but on for review and te: 08/31/2004 Ok to Issue:
<ul> <li>Note:</li> <li>1) This is NOT an approval for an acon not limited to items such as stoves</li> <li>2) This property shall remain a three approval.</li> <li>Dept: Building Status: A Note:</li> <li>1) Must comply with State and NFPA</li> </ul>	Iditional dwelling unit. Yes, microwaves, refrigerator (3) family dwelling. Any pproved with Conditions	ou SHALL N rs, or kitchen change of use <b>Reviewer</b>	OT add any addition sinks, etc. Without s e shall require a sepa : Mike Nugent	nal kitchen equipmen pecial approvals. arate permit application Approval Da Approval Da	Ok to Issue:  t including, but on for review and te: 08/31/2004 Ok to Issue:

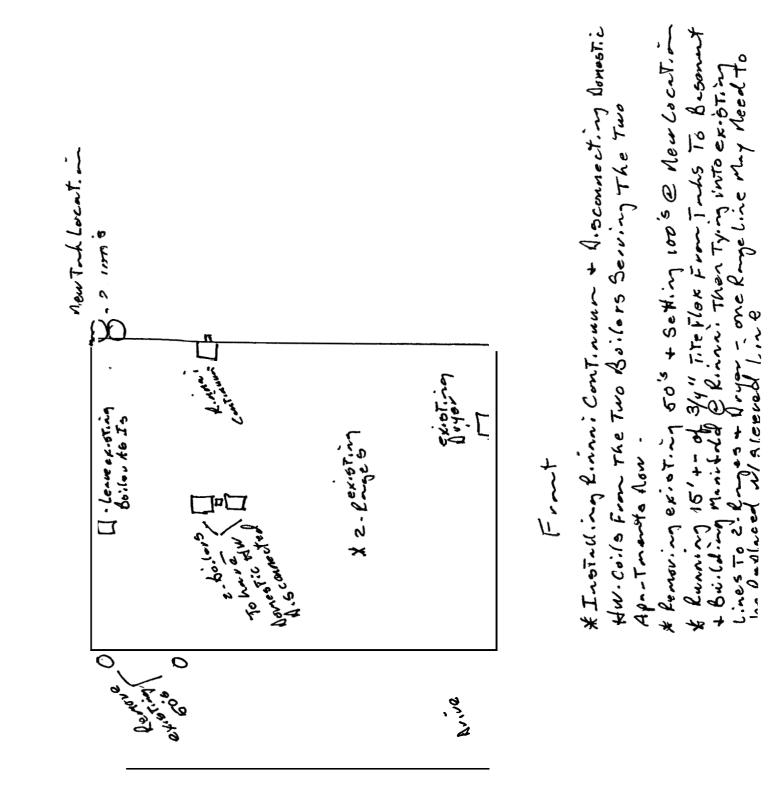
\$3 CAS	
	I FOR PERMIT WER EQUIPMENT
190 K To the INSPECTOR OF BUILDINGS, Portland, Me. The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of th	all thefollowing heating, cooking or power equipment in he City of Portland, and thefollowing specifications:
Location / CBL <u>41+43</u> <i>Adjustance</i> ST. Name and address of owner of appliance <u>TOM+ KATAP</u> MILLER	_ Use of Building APT. BUILDING Date 8/6/04 R-41 Powsland ST. PORTIANO MAINE.
Installer's name and address DEAD RIVER CO 73 PLEAS	Telephone 883-9575
Location of appliance: Basement G Floor Attic D Roof	Type of Chimney:         Image: Masonry Lined         Factory built
Type of Fuel: Proprie Gas Oil Solid	Metal Factory Built U.L. Listing #
Appliance Name: RINNAT CONTINUUM U.L. Approved Yes I No	Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes D No	Type of Fuel Tank Oil Gas Oil Cas Cas Oil Cas Oil Cas Oil Cas Oil Cas Oil Cas Oi
IF <u>NO</u> Explain:	Size of Tank /OO GMUON
The Type of License of Installer:         Image: Master Plumber #         Image: Solid Fuel #	Number of Tanks      2         Distance from Tank to Center of Flame       feet.         Cost of Work:       \$2525.00         Permit Fee:       \$48.00
	Approved with Conditions         Image: See attached letter or requirement         Image: Imag

## DEAD RIVER COMPANY

73 PLEASANT HILL ROAD, P.O. BOX 467 - SCARBOROUGH, MAINE 04070-0467

(207)883-9515 1-800-287-9993

SALES PROPOSAL	
PROPOSAL/SUBMITTED TO: I ACCOUNT NUMBER 11 IN PROPOSED	
Thomas Miller 165490 Mark Solo	
H 43-POWSLAND ST 273-9571-7 174-1741	
CITY STATE AND ZP CODE	
Portland, Me 04102 SAME 43 POINS	land St.
WE BEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR	
THE INSTALLATION OF A PROPANE HEATER: Rinna: Continuum V2632 FFU. Hot Water heat	te-w/
a Ventex Tension Kit To Vant Thru Sill. And an extra Controller For 2nd Apartu	ant
INCLUDE'S:	
· Complete heater installation. And A. Simmert. in of existing Amestic Hotorater From Bo	ilers
• Copper gas line installation with shutoff valve and sediment trap. <i>Mon Gas Line To Rage</i>	
<ul> <li>Propane tank installation with concrete block base and regulator.</li> <li>Complete system safety inspection including a pressure leak test, a regulator lock-up test, and an equilator lock-up test.</li> </ul>	nment
flow test.	pment
**Any needed electrical sources will be the customer's responsibility.	
** Propane pricing will be <u>1.959</u> per gallon. All Pricing is subject to change due to actual usage and or	•
market conditions. WE ACCEPT ALL MAJOR CREDIT CARDS.	
DEAD RIVER CO. WARRANTIES THIS INSTALLATION FOR 1 YEAR, PARTS AND LABOR	
THIS PROPOSAL IS SUBJECT TO THE CREDIT MANAGERS APPROVAL.	
FOR THE SUM OF: Two Thousand Five Hundred Twenty Five - DOLLARS (\$ 2525, ~)	
PAYMENT TO BE MADE AS FOLLOWS:	
CONTRACT PRICE: <u>\$</u> 2525.	
LESS DOWN PAYMENT: \$	
BALANCE DUE: <u>\$ 2526.</u>	
AUTHORIZED SIGNATURE: 0/27	
AUTHORIZED SIGNATURE: DATE: DATE: DATE:	M ABOVE
USE COMPLETED IN A WORKMANLINE MAINING TO STANDARD FRACTICES. ANT ALTERATION THE	MADOTL
SPECIFICATIONS INVOLVING EATRA COSTS WILL DE EXECUTED UNLT UPON WRITTEN ORDERS. AND WILL BECOME AN EXTRA CHARGEOVER AND ABOVE THE ESTIMATE. ALL A	GREENIENIS
SPECIFICATIONS INVOLVING EXTRA COSTS WILL BE EXECUTED ONLY UPON WRITTEN ORDERS. AND WILL BECOME AN EXTRA CHARGE OVER AND ABOVE THE ESTIMATE. ALL A CONTINGENT UPON STRIKES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL OWNER TO CARRYFIRE, TORNADO AND OTHER NECESSARY INSURANCE. OUR WORKERS ARE FU WORKER'S COMPENSATION INSURANCE. DEAD RIVER COMPANY CANNOT REMOVE ASBESTOS, IF ASBESTOS IS PRESENT A CERTIFIED ABATEMENT COMPANY WILL BE REQUIRE ADDITIONAL CHARGE.	LLY COVERED BY
SPECIFICATIONS INVOLVING EATRA COSTS WILL BE EXECUTED ONLY OPON WRITTEN ORDERS, AND WILL BECOME AN EXTRA CHARGEOVER AND ABOVE THE ESTIMATE. ALL A CONTINGENT UPON STRIKES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL OWNER TO CARRY FIRE, TORNADO AND OTHER NECESSARY INSURANCE. OUR WORKERS ARE FU WORKER'S COMPENSATION INSURANCE. DEAD RIVER COMPANY CANNOT REMOVE ASBESTOS, IF ASBESTOS IS PRESENT A CERTIFIED ABATEMENT COMPANY WILL BE REQUIRED ADDITIONAL CHARGE.	LLY COVERED BY D AT AN
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CONTINGENT UPON STRUES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL OWNER TO CARRYFRE, TORADOADO OTHER DECESSARY UNURANCE, OUR WORKER ARE THE ABOVE THE STIMATE. ALL A CONTINGENT UPON STRUES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL OWNER TO CARRYFRE, TORADOADO OTHER DECESSARY UNURANCE. OUR WORKER ARE THE ABOVE T	GREENENTS LLY COVERED BY D AT AN
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THE ABOVE PRICES, SPECIFICATIONSAND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK SPECIFIED.	GREENENTS LLY COVERED BY D AT AN



Is appliance there or del. date? Venting Done? Is appliance converted? YES or NO	TANK SET: 1 of 2 man Bring # Size 1000 S         Image: Control of Control Existing # Size 600 S         Image: Image: Control of Control Hore         To:       Range: Dryer         Central Heat       Other	Credit Terms: CHG / COD       Bill Starter Product to:         Amount to Collect:       Acct#         Estimate to Customer:       Acct#         Including Parts:       S or NO         Including Parts:       S or NO         Including Parts:       S or NO	Directions PPG 1.959 Tank Location Rev Cerner House Color: white	Acct # $165490$ 1000 TO NAY PLANE Schedule Date and Time: March 20/9 + 1/2 Day 10 Th Home! 774-0211 Work# 14-14-755.2114 Cell# Address 411 + 43 Paulo 1 AT 0 + 1
Misc. Notes	Sizing for underground poly / transitions?       20'- 1/2 " Sleeved         Sizing for underground poly / transitions?       20'- 1/2 " Sleeved         Sizing for underground poly / transitions?       20'- 1/2 " Sleeved         Sizing for underground poly / transitions?       20'- 1/2 " Sleeved         Trench Provided?	*Customer / Contractor will install: lines / appliance Contractor name: Tel # EQUIPMENT NEEDED: Sawzall Rt. Angle Drill Hole Saw Ext. Ladder Surp Ladder Fusion Kit Rotary Hammer Hammer Drill	INSTALLATION OF: Kinna i Centinuur **Customer Supplied?	MET WITH CUSTOMER: 7 1201 Do they have any other heat source? (YES) NO What type? 0.1