

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	Issue Date:	CBL:
10-0287		116 B011001

Location of Construction:	Owner Name:	Owner Address:	Phone:
26 William St	Kinney Dale A &	26 William St	
Business Name:	Contractor Name:	Contractor Address:	Phone:
	Dead River Company	PO Box 467 Scarborough	2078839515
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Tanks - Dwellings	R-5

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Two Family	Two Family / Install one 50 gallon propane tank	\$30.00	\$30.00	2
		FIRE DEPT:	INSPECTION:	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i>	Use Group: <i>V</i> Type: <i>HVAC</i> <i>State Gas Regs</i>	

Proposed Project Description:	Signature:	Signature:
Install one 50 gallon propane tank		
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:	Date Applied For:	Zoning Approval
gg	03/23/2010	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
<i>to remain a 2 unit</i>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	Date: _____	Date: <i>3</i>
Date: <i>3/24/10</i>		

PERMIT ISSUED

APR 14 2010

City of Portland

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 PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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Permit No: 10-0287		Date Applied For: 03/23/2010	CBL: 116 B011001
Location of Construction: 26 William St	Owner Name: Kinney Dale A &	Owner Address: 26 William St	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone (207) 883-9515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Dwellings	

Proposed Use:

Two Family / Install one 50 gallon propane tank

Proposed Project Description:

Install one 50 gallon propane tank

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 03/24/2010**Note:****Ok to Issue:** ✓

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building**Status:** Approved with Conditions**Reviewer:** Tammy Munson**Approval Date:** 04/14/2010**Note:****Ok to Issue:** ✓

- 1) The installation must comply with the State of Maine Gas Regulations.

PERMIT ISSUED

APR 14 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

 X Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

APR 14 2010

City of Portland



FILL IN AND SIGN WITH INK

PERMIT ISSUED

APR 14

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

116 B 011 City of Portland

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 _____ Date _____

Name and address of owner of appliance DALE & VICTORIA KINNEY
26 WILLIAM STREETInstaller's name and address DEAD RIVER COMPANY
73 Pleasant Hill Rd. SCARBOROUGH, ME Telephone 883-9515**Location of appliance:**

- ☐ Basement ☐ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☐ Gas ☐ Oil ☐ Solid

Appliance Name: _____U.L. Approved ☐ Yes ☐ NoWill 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 # _____
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined
Factory built _____
- ☐ Metal
Factory Built U.L. Listing # _____
- ☐ Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- ☐ Oil
☒ Gas

Size of Tank 50 GALLONNumber of Tanks ONEDistance from Tank to Center of Flame + 25 feet.Cost of Work: \$ - 0 -Permit Fee: \$ 30.00**Approved****Approved with Conditions**

Fire: _____

☐ See attached letter or requirement

Ele.: _____

Bldg.: _____

Signature of Installer

DEAD RIVER CO. BY [Signature]

Inspector's Signature

Date Approved

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

Prop
LINE

Prop
LINE

PROPOSED
50 GALLON LP TANK



26 WILLIAM ST
PORTLAND

DRIVEWAY

WILLIAM STREET