Loc	Congress Street, 04101 ation of Construction:	Owner Name:		Owner Address:	<b>8914ED</b> 119 C010022
		THERINE M & JAME	22 ORLAND ST	r nønç.	
Business Name: Con De		Contractor Name		Contractor Address: AUG	8 2006 Phone
		Dead River C	ompany	PO Box 467 Scarborough	2078839515
		IPhone:		Permit Type: HVAC CITY OF P	Zone:
Past Use:		Proposed Use:		Permit Fee: Cost of Work:	CEO District:
Sir	r		Home - install a D147 Boiler		.00 3 NSPECTION: Jse Group Type TMC 2003
Proj	oosed Project Description:			//  ·	
ins	tall a Burnham MPO147 Bo	oiler		Signature	Signature:
				PEDESTRIAN ACTIVITIES DISTR	ICT (P.A.D.) ved w/Conditions Deped
				Signature:	Date:
'eri	nit Taken By:	Date Applied For:		Zoning Approval	
ld	obson	07/31/2006	_		
1. This permit application doe			Special Zone or Revie	ews Zoning Appeal	Historic Preservation
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	Variance	Not in District or Landmarl
-	Building permits do not include plumbing, septic or electrical work.		Wetland	Miscellaneous	Does Not Require Review
2.	septic or electrical work.				
2. 3.	septic or electrical work. Building permits are void within six (6) months of th	if work is not started	- Flord Zone	Conditional Use	Requires Review
	septic or electrical work. Building permits are void	if work is not started the date of issuance.	Flord 2one Subdivision	Conditional Use	Requires Review     Approved
	septic or electrical work. Building permits are void within six (6) months of the False information may inv	if work is not started the date of issuance.			
	septic or electrical work. Building permits are void within six (6) months of the False information may inv	if work is not started the date of issuance.	Subdivision	Interpretation	Approved

## 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

The second secon

City of Portland, Maine - Building or Use Permit				Permit No:	Date Applied For:	CBL:	
•	(207) 874-8703, Fax: (20	6 06-1118	07/31/2006	119 C010022			
Location of Construction: Owner Name:				Owner Address:		Phone:	
2 ORLAND ST LESSER KATHERINE M		M & JAME	A & JAME 22 ORLAND ST				
Business Name:		Contractor Name: Dead River Company		Contractor Address: PO Box 467 Scarborough		Phone	
						(207) 883-9515	
Lessee/Buyer's Name				Permit Type:	~	• · · · · ·	
				HVAC			
	Proposed Use:				Proposed Project Description:		
Proposed Use:		1	Propose	d Project Description:			
•	nstall a Bumł	am MPO147 Boiler	-	d Project Description: a Bumham MPO14			
Proposed Use: Single Family Home - in Dept: Zoning Note:	nstall a Bumh		install			Date: 08/01/2006 Ok to Issue: 🗹	

FILL IN AND	Sign with Ink
	I FOR PERMIT WER EQUIPMENT
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 the	all the following heating, cooking or power equipment in the following and the following specifications:
Location / CBL <u>22 Orland St</u> Name and address of owner of appliance <u>Kathleen</u> <u>Let</u>	Use of Building <u>residential</u> Date <u>1/36/06</u>
•	1, <u>13 Pleasant Hill Rd - Scarborouzh</u> , ME Telephone <u>883-9515</u> 041074,
Location of appliance:         Basement       O       Floor         Attic       Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel:       Oil       O Solid         Gas       Oil       O Solid         Name:       Burnham       MPO1417       Boiler         U.L. Approved       Yes       No	<ul> <li>Metal Factory Built U.L. Listing #</li> <li>Direct Vent Type UL#</li> </ul>
Will appliance be installed in accordance with the manufacture's installation instructions? <b>Yes D</b> No IF <u>NO</u> Explain:	Type of Fuel Tank Gas Size of Tank 275 Xisting
Image: Master Plumber #         Master Plumber #         Solid Fuel #         Oil #	Number of Tanks Distance from Tank to Center of Flame $5' Min_{10}$ feet. Cost of Work: $$_5450.00$ Permit Fee: $$_66,00$ $80'/00$
Approved           Fire:	Approved with Conditions See attached letter or requirement
Bldg.: Signature of Installer <u>Dead Priver Compare</u> White - Inspection Yellow - File Priver	Inspector's Signature Date Approved United Service Dest Date Approved Date Approved Date Approved Date Approved