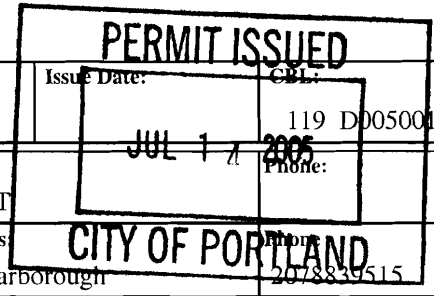


City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0887	Issue Date: JUL 17 2005	CEL: 119 D005001
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Location of Construction: 39 BEACON ST	Owner Name: MITCHELL CAROLYN S & FRA	Owner Address: 39 BEACON ST
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough 207-883-5151
Lessee/Buyer's Name	Phone:	Permit Type: HVAC TANK
		Zone: R3



Past Use: Single Family Home	Proposed Use: Single Family Home/ replace oil tank w/275 gallon tank	Permit Fee: \$39.00	Cost of Work: \$1,890.00	CEO District: 3
Proposed Project Description: replace oil tank w/275 gallon tank		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R3 Type: TANK Signature: JMB 7/12/05 Signature: JMB 7/12/05		
		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: Idobson	Date Applied For: 07/05/2005	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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>OK</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB 7/12/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>JMB</i>
--	---	---

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.

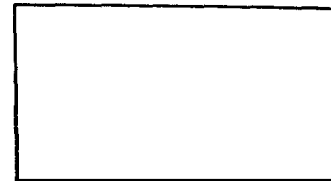
SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

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 39 BEACON ST. 119DS Use of Building RES. Date 6/28/05
 Name and address of owner of appliance CAROLYN MITCHELL
39 BEACON ST. PORTLAND, MAINE
 Installer's name and address DEAD RIVER CO. 73 PLEASANT HILL RD. SCARBOROUGH, ME
 Telephone 883-9525

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name:

Oil tank

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 # MS30008108
 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

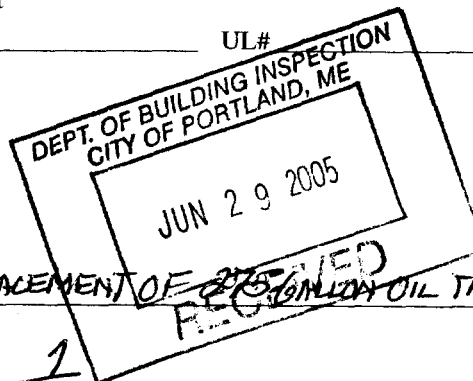
Size of Tank REPLACEMENT OF EXISTING REGULAR OIL TANK

Number of Tanks 1

Distance from Tank to Center of Flame 9' feet.

Cost of Work: \$ 1,890.00

Permit Fee: \$ 39.00



Approved

Fire: _____

Ele.: _____

Bldg.: JMB

Signature of Installer [Signature] - DEAD RIVER CO.

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

White - Inspection

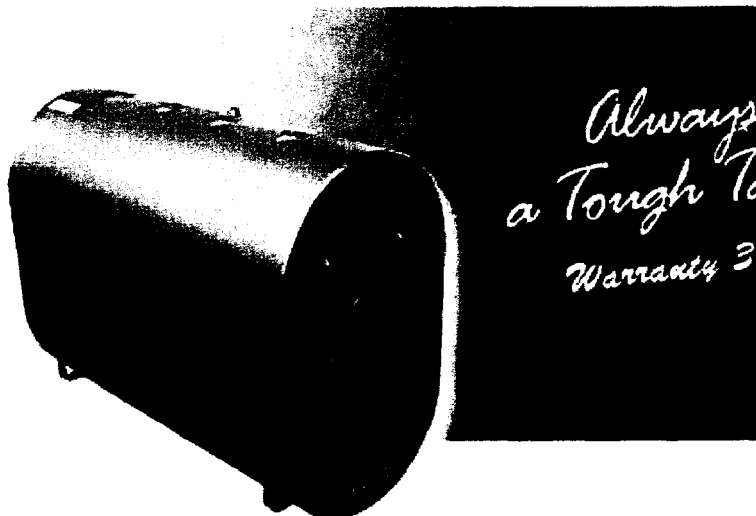
Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

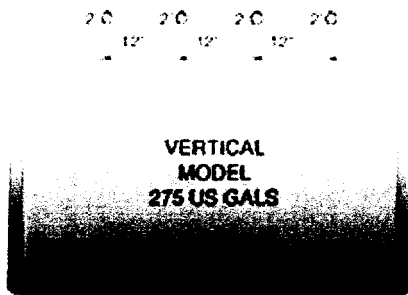


Limited Partnership



UL 80 Domestic Oil Tanks

#PRODUIT	MODELS	DIMENSIONS			GAUGE	WEIGHT
		H	W	L		
2090	120 us gals vertical	47"	23"	30"	12 ga	165 lb
2095	120 us gals horizontal	23"	47"	30"	12 ga	165 lb
2080	138 us gals vertical	44"	27"	30"	12 ga	175 lb
2085	138 us gals horizontal	27"	44"	30"	12 ga	175 lb
2070	220 us gals vert./stubbies	44"	27"	48"	12 ga	240 lb
2075	220 us gals horizontal	27"	44"	48"	12 ga	240 lb
2020	240 us gals narrow/vert.	47"	23"	60"	12 ga	260 lb
2025	240 us gals narrow/horiz.	23"	47"	60"	12 ga	260 lb
2040	275 us gals vertical	44"	27"	60"	12 ga	280 lb
2045	275 us gals horizontal	27"	44"	60"	12 ga	280 lb
2050	330 us gals vertical	44"	27"	72"	12 ga	320 lb
2055	330 us gals horizontal	27"	44"	72"	12 ga	320 lb



TECHNICAL SPECIFICATIONS

- o Steel ASTM A-569
- o Female openings NPT
- o Tested at pressure 5 to 7 PSIG
- o UL 80 label
- o Operation at atmospheric pressure only
- Also available UL 142 labeled on 275 & 330 gals (including a 3" diameter emergency vent opening). Other models on request only.

DR DEAD RIVER COMPANY

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

(207)883-9515 1-800-287-9993 FAX (207)883-5921

COPY

SALES PROPOSAL

PROPOSAL SUBMITTED TO:	ACCOUNT NUMBER	PROPOSED BY:
CAROLYN MITCHELL	124743	Mark Solomon
STREET	PHONE NUMBER	JOB PHONE
39 BEACON ST	774-8890	
CITY, STATE, AND ZIP CODE	JOB LOCATION	
PORTLAND ME 04103	SAME	

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

THE INSTALLATION OF A 275 GALLON VERTICAL OIL TANK PACKAGE TO REPLACE THE EXISTING OIL TANK.

INCLUDES:

- e Removal and disposal of existing oil tank.
- e ~~Transfer~~ of existing oil into new tank.
- e All 1 1/2 black iron pipe needed for fill and vent.
- e A new tank gauge and whistle.
- Two new copper oil lines sleeved in plastic with a new oil filter.
- Complete system start-up.
- e Work is scheduled for Thursday-June30,2005.

COPY

DEAD RIVER CO. WARRANTEES THIS INSTALLATION FOR 1 YEAR, PARTS AND LABOR.

THIS PROPOSAL IS SUBJECT TO THE CREDIT MANAGER'S APPROVAL.

WE HEREBY PROPOSE TO FURNISH LABOR AND MATERIALS - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS : FOR THE SUM OF: ONE THOUSAND EIGHT HUNDRED NINETY DOLLARS AND 00/100 (\$1890.00)

PAYMENT TO BE MADE AS FOLLOWS:

CONTRACTPRICE: \$ 1,890.00
LESS DOWN PAYMENT: \$ 630.00
BALANCE DUE: \$ 1,260.00 (DUE UPON COMPLETION)

AUTHORIZED SIGNATURE: Mark Solomon (gd)

DATE: JUNE 1,2005

ALL MATERIAL IS GUARANTEE TO BE AS SPECIFIED. ALL WORK TO BE COMPLETED IN A WORKMANLIKE MANNER ACCORDING TO STANDARD PRACTICES ANY ALTERATION FROM ABOVE SPECIFICATIONS INVOLVING EXTRA COSTS WILL BE EXECUTED ONLY UPON WRITTEN ORDERS, AND WILL BECOME AN EXTRA CHARGE OVER AND ABOVE THE ESTIMATE ALL AGREEMENTS CONTINGENT UPON STRIKES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL OWNER TO CARRY FIRE, TORNADO AND OTHER NECESSARY INSURANCE. OUR WORKERS ARE FULLY COVERED BY WORKER'S COMPENSATION INSURANCE DEAD RIVER COMPANY CAN NOT REMOVE ASBESTOS, IF ASBESTOS IS PRESENT A CERTIFIED ABATEMENT COMPANY WILL BE REQUIRED AT AN ADDITIONAL CHARGE

ACCEPTANCE OF PROPOSAL

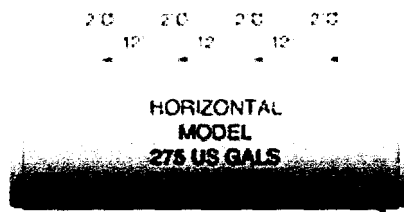
THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS (LISTED ON THE OTHER SIDE) ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK SPECIFIED. PAYMENT WILL BE MADE AS OUTLINED ABOVE.

NOTES: THIS PROPOSAL MAY BE WITHDRAWN BY DEAD RIVER COMPANY IF NOT ACCEPTED WITHIN 30 DAYS.

SIGNATURE: _____

DATE OF ACCEPTANCE: _____

SIGNATURE: _____



Installation and maintenance guidelines for aboveground domestic **fuel** oil tanks (PDF)

OUTSIDE FINISH

- o Preparation: **Washed and phosphated**
- Electrostatic powder paint "black or gray".

GENERAL CHARACTERISTICS

- Always a tough tank
- Welded lap joint: the strongest one
- o Ergonomic handle on each head for easy handling

NEW PRODUCTS:

- o 275 gals. UL 80 labelled 10 gauge shell &

IN REFERENCE TO: UL LISTING

UL Listing: Requires outlet opening of 1/2" minir to be located underneath the tank only. Requires openings to be 2" minimum diameter. Tanks **whic** not meet above requirements cannot **be** UL 80 la

NOTICE: N.F.P.A. Codes, UL and Granby Steel Tanks require these tanks be tested at job site before being put in service. To te tank, apply internal air pressure of not less than 3 PSIG or more t PSIG and soap all seams and welded areas. Warning: Over pressurization may cause tank to fail.

