

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

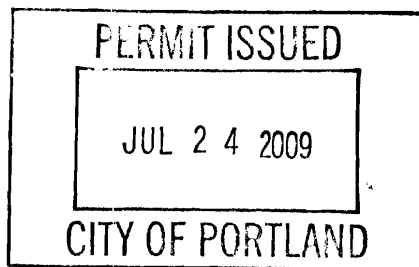
Permit No: 09-0771	Issue Date: 7/23/09	CBL: 120 B004001
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Location of Construction: 125 CRAIGIE ST	Owner Name: 125 CRAIGIE STREET PORTLAN	Owner Address: 256 READ ST	Phone: 207-883-9515
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Dwellings	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home - 1,000 Gallan Tank Set	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: 1,000 Gallan Tank Set		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 5B IBC-2003 IMC-2003 Signature: [Signature]	
		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: lmd	Date Applied For: 07/23/2009	Zoning Approval
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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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 7/23/09 [Signature]	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 type="checkbox"/> Not in District or Landmark <input checked="" 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: [Signature]
	O.K.		



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.

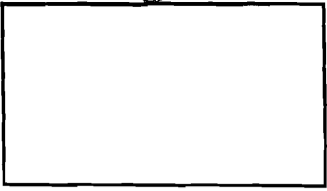
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



FILL IN AND SIGN WITH INK

120-B-004

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 _____ Use of Building RESIDENTIAL Date 7/22/09
 Name and address of owner of appliance JOHN HUSCHINS
125 CRAIGIE ST
 Installer's name and address DEAD RIVER COMPANY - PERU -
73 PRAMOT HILL RD - SALBOROUGH, ME Telephone 883-9515

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: _____
 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 # _____
 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 1,000 GALLON

Number of Tanks ONE

Distance from Tank to Center of Flame 100 feet.

Cost of Work: \$ 0 -

Permit Fee: \$ _____

Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

See attached letter or requirement

[Signature]
 Inspector's Signature

7/23/09
 Date Approved

Signature of Installer Dead River Company by [Signature]

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

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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: Single Family Home - 1,000 Gallan Tank Set	Proposed Project Description: 1,000 Gallan Tank Set
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Dept: Zoning	Status: Approved	Reviewer: Chris Hanson	Approval Date: 07/23/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 07/23/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The installation must comply with the State of Maine Gas Regulations.			

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

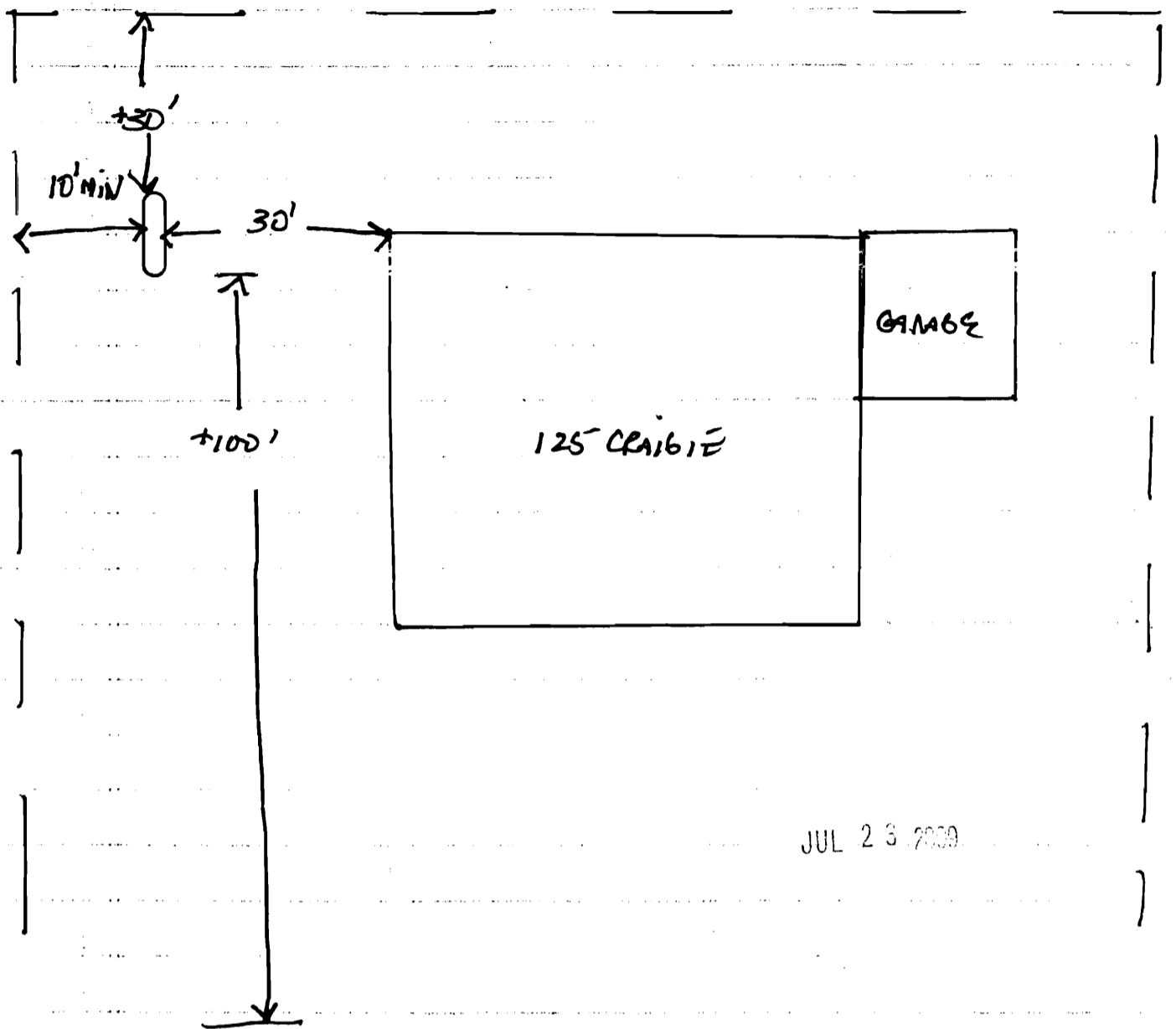
Date

Signature of Inspections Official

Date

JOHN WILCHINS
125 CRAIGIE ST
ROSLINDALE, MA 02102

REVISED 7/23/09



JUL 23 2009

← CRAIGIE ST →