389 Congress Street, 04101 Tel: (207) 874-870.  Location of Construction: Owner Name:		<u> </u>		07-0111 01/31 Owner Address:		1/2007 131 H027001 Phone:		
58 BERKELEY ST				58 BERKELEY ST			l none.	
Business Name:	Contractor Name			Contractor Address: PO Box 467 Scarborough Permit Type: HVAC			Phone	
Dead Ri		ompany	PO				2078839:	515
Lessee/Buyer's Name Phone:			Perm				<u> </u>	Zone:
		HV						
Past Use:		Pern	Permit Fee: Cost of Work: C					
Single Family Home	Home - install a		\$60.00 \$3,500.00			4		
	ce replacement	FIRI	FIRE DEPT: Approved INS			ON:	10	
					Denied	Use Group:	K 5	Type: 5
						Meur	so Julio	faul
Proposed Project Description						0-0.		
install a Lennox Furnace			Sign	ntura		Cianatura:	0	1/2/12
mstan a Bonnox i arnaec	терисетен			Signature: Sign PEDESTRIAN ACTIVITIES DISTRICT			Group: R3 Type: 5 B  Neune Inled faul  nature: In 01/31/87	
			Actio			oved w/Cor		Denied
			Activ	оп Арргоч	.ч Арріс	Jved w/eon	luttons	Demed
			Sign	ature:		Da	te:	-
•	rmit Taken By:  dobson  Date Applied For:  01/31/2007			Zoning	Approval			
ldobson	Special Zone or Reviews		S Zoning Appeal			Historic Preservation		
1. This permit applicant	Shoreland  Wetland					_		
Applicant(s) from meeting applicable State and Federal Rules.			☐ Variance			Not in District or Landman		
2. Building permits do septic or electrical v			Miscellaneous			Does Not Require Review		
3. Building permits are within six (6) month	Flood Zone		Condition	Conditional Use		Requires Review		
False information m permit and stop all v	Subdivision		Interpretation			Approved		
		Site Plan		Approved	i		Approved w	/Conditions
PERMI	IT ISSUED	Maj Minor M	ІМ 🗀	Denied			Denied	
	Date:		Date:		Date	Date:		
14.41	3 1 2007	Date.		Date.		Date		
JAN	3 1 2001							
CITY OF	PORTLAND							
The object of the T	.1 6 1 6 1	CERTIFICA			.1 . 1.1	d	c	1 1.1 .
	the owner of record of the nay the owner to make this apple							
jurisdiction. In addition,	if a permit for work describe	d in the application is	s issued,	, I certify that t	he code offic	cial's auth	orized rep	resentative
	o enter all areas covered by si	uch permit at any reas	onable	hour to enforce	e the provisi	ion of the	code(s) ap	pplicable to
such permit.								
SIGNATURE OF APPLICAN	TT	ADDR	ESS		DATE	_	PHC	ONE
RESPONSIBLE PERSON IN					DATE		PHO	

City of Portland	i, Maine - Bu	iilding or Use Permi	t	remit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (			(207) 874-8716	07-0111	01/31/2007	131 H027001
Location of Construction: Owner Name:		0	Owner Address:		Phone:	
58 BERKELEY ST RUTHE MERYL H			5	8 BERKELEY S	Γ	
Business Name: Contractor Name:		C	Contractor Address:		Phone	
De		Dead River Company	Dead River Company		PO Box 467 Scarborough	
Lessee/Buyer's Name Phone:			ermit Type: HVAC	-		
Single Family Hom	e - install a Len	nox Furnace replacement	install a	Lennox Furnace	replacement	
Dept: Zoning Note:	Status:	Pending	Reviewer:		Approval D	Oate: Ok to Issue:
Dept: Building Note:		Pending		Tom Markley	Approval D	Ok to Issue:
1) Installation sha	ll comply with 2	003 International Mechan	ical Code and Stat	e of Maine Oil an	d Solid Fuel Board	Laws and Rules

PERMIT ISSUED

JAN 3 | 2007

CITY OF PORTLAND



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

12.54	PERM	TIS	SUE	0
<u> </u>		3	2007	The state of the s

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The u	ındersigned he	ereby appli	es for a peri	nit to instal	the followin	ig heating, d	cooking or pow	er equipment	in
accordance v	with the Laws	of Maine, i	the Building	Code of the	City of Port	tland, and th	he following sp	ecifications:	

Location / CBL SBECKERUST, Portland	Use of Building Residential Date 1/50/07
Name and address of owner of appliance Merul Right	Hard
Installer's name and address DONA RIVER COMPAN 23 PROSONT WILL RA, SCOR	1000000 BB3-9515
Location of appliance:	Type of Chimney:
Basement	☐ Masonry Lined  Factory built
Type of Fuel:  Gas Oil Solid	☐ Metal Factory Built U.L. Listing #
viliance Name: Lennox Funace  Lennox Funace  No  No	☐ Direct Vent  Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? ✓ Yes □ No	Type of Fuel Tank Oil Gas
IF NO Explain:	Size of Tank
The Type of License of Installer:  Master Plumber #	Number of Tanks
□ Solid Fuel # Oil #_ <i>MS30004171</i>	Distance from Tank to Center of Flame feet.  Cost of Work: \$ 3500.00
☐ Gas #	Permit Fee: \$ 50.00
Approved	Approved with Conditions
Fire: Ele.:	See attached letter or requirement
Signature of Installer Boxxil West for	Inspector's Signature Date Approved
White - Inspection Yellow - File P	ink - Applicant's Gold - Assessor's Copy