389 Congress Street, 04101	1 Tel: (207) 874-8703	8, Fax: (207) 874-8716	06 0917	PERMIT	1000	139	A 004001	
Location of Construction: Owner Name:			0	wner Address:			Phone:		
230 CLIFTON ST	GEORGE ER	IC R	1	12 SPRUCE LN	JUL 2	8 2011			
Business Name: Contractor Nan Down East H				ontractor Address:			Phone		
				172 Main Street South Portland					
Lessee/Buyer's Name	Phone:	I	Pe	ermit Type: Tanks - Dw elling	CITY OF	PUL.		Zone:	
Past Use: Proposed Use:				Permit Fee: Cost of Work:			CEO District:		
Single Family Single Family		ly install 1 120 gal tank		\$30.00 \$30.			.00 4		
				Approved			NSPECTION: Use Group 1 Type: /k		
Proposed Project Description:					`	1	1276	+ 070-3 	
Install I 120 gal tank		L		Signature S		Signature:	Signature:		
_				PEDESTRIAN ACTIVITIES DISTRI					
			A	Action: Approv	ved App	roved w/Co	nditions	Denied	
			s	Signature:		D	ate:		
Permit Taken By:	Date Applied For:			Zoning	Approva	1			
dmartin	06/2 0 /2006								
1. This permit application does not preclude th		Special Zone or Revie		S Zoning Appeal			Historic Preservation		
Applicant(s) from meeting Federal Rules.	ng applicable State and	Shoreland		Variance			Not in District or Landma		
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	Miscellaneous		Does Not Require Review		
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			ood Zone	Conditional Use		[Requires Review		
			bdivision	☐ Interpretation			Approved		
		Sit	e Plan	Approve	ed		Approved	l w/Conditions	
	Maj [Minor MM	Denied			Danjed			
			126/06 ARM	late:	late:		Date:		
I hereby certify that I am the o I have been authorized by the jurisdiction. In addition, if a p shall have the authority to ente such permit.	owner to make this appli permit for work described	med pro cation a d in the	s his authorized as application is issu	proposed work is gent and I agree led, I certify that	to conform <i>t</i> the code offi	<i>o all appl</i> icial's autl	icable lav norized re	ws of this epresentative	
IGNATURE OF APPLICANT			ADDRESS		DATE		P		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMEN

		139 A004
	P	ERMIT ISSUED
1T		
	CIT	Y OF PERMIN

Name and address of owner of appliance	Use of Building Private Date 6/2010 Freda 230 Cheton 57
Installer's name and address Naus Euc	Form 12 Main 51 Telephone 799-5555
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
Gas Oil Solid	Factory Built U.L. Listing #
Appliance Name:	Direct Vent
U.L. Approved \(\square\) Yes \(\mathbb{R} \) No	Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? ☐ Yes ☐ No IF NO Explain:	Oil Gas
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	
☐ Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil #	Cost of Work: \$
☐ Gas#	200
U Other	Permit Fee: \$
<u>Approved</u>	Approved with Conditions
Fire:	 See attached letter or requirement
Ele.:	
Bldg.:	Inspector's Signature Date Approved
Signature of Installer	Inspector's Signature Date Approved

) <- Existing