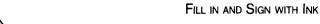
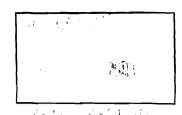
MARINE SOUTH

City of Portland, N	Maine - Bui	ilding or Use	Permi	t Application	I	Permit No:	Issue Date		CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87						03-0959	100 mg		[39]	139 B026001	
Location of Construction: Owner Name:		_	01		Owner Address:			Phone:			
18 Mackworth St Desimon Joyc		e A		18 Mackworth St			1.11	e e e e e e e e e e e e e e e e e e e			
Business Name: Lessee/Buyer's Name		Contractor Name:			Contractor Address:				Phone		
		Dead River Company			PO Box 467 Scarborough				2078839515		
		Phone:			Permit Type:				Zone:		
				l	H	VAC					
Past Use:	-	Proposed Use:			Per	rmit Fee:	Cost of Wor	k:	CEO Distric	t:	
Single Family Single Family		Single Family	le Family		\$57.00 \$3,900.0		00.00	0 2			
					FIRE DEPT:		Approved	Approved INSPECTION			
						1.	Denied	Use Gr	oup: \mathcal{L}^{2}	Type: fla Alcilian o 1953	
		1				\		ء ا	2114	Allehani	
)ve r	1953	
Proposed Project Descripti	on:					*	1]			
Install Oil Heating System in Basement					<u> </u>	nature:		Signatu			
						PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					Action: Approved Approve			oroved w	d w/Conditions Denied		
						to consider			_		
					Signature:				Date:		
Permit Taken By:					Zoning Approval						
gad	08/0	08/2003	C						TT' 4	<u> </u>	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Spe	Special Zone or Reviews		Zonir	ng Appeal		Historic Preservation		
			Sł	noreland	☐ Variance	Variance		Not in District or Landma			
								ŀ			
2. Building permits do not include plumbing,			🗀 w	etland /	Miscellaneous				Does Not Require Review		
septic or electrical work.				'\\\	1 - 1/1/						
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			☐ Flood Zone ☐ Subdivision			Conditional Use			Requires Review		
			∐ Si	ibdivision "		Interpret	ation		Approved	i e	
			[] e:	te Plan		J	.a			l/Can ditions	
			[] 31	ie Piap		Approve	D		Approved	d w/Conditions	
			Mai □ Minor □ MM		Domind .				Denied		
			Maj Minor MM		Denied				[] Demed		
			Date			D.					
			Date:			Date:			ate:		
			-					<u>, </u>			
			C	CERTIFICATIO	N						
hereby certify that I ar	n the owner of	f record of the na	med pro	operty, or that the	e pr	oposed work is	authorized	by the	owner of re	cord and that	
have been authorized	by the owner t	o make this appli	cation a	as his authorized	age	ent and I agree t	to conform	to all ap	oplicable la	ws of this	
urisdiction. In addition	i, ii a permit io to enter all are	or work described	in the	application is iss	ued	d, I certify that the	the code off	icial's a	uthorized r	epresentative	
shall have the authority such permit.	to enter an are	eas covered by su	ich peri	mit at any reasona	ibie	e nour to entorc	e the provi	sion of	tne code(s)	applicable to	
F											
								_			
SIGNATURE OF APPLICANT				ADDRESS		DATE			PHONE		
DECDONCIDI E DEDCOM D	I CUARCE OF T	VODV TEET E									
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE		P	HONE	





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 18 MACK WORTH ST Use of Building RES Date 8/8/03 18 MACLWATH ST. PORTLAND, ME DEAD RIVER CO
73 PLISANT HILL RD Telephone 883-9515

STARBUROUGH Installer's name and address Location of appliance: Type of Chimney: Basement □ Floor Masonry Lined Attic ☐ Roof Type of Fuel: ☐ Metal ☐ Gas □ Solid Factory Built U.L. Listing #____ Appliance Name: BURNHAM BOILED ☐ Direct Vent U.L. Approved Yes No Type _____ UL#____ Will appliance be installed in accordance with the manufacture's Type of Fuel Tank installation instructions? Yes Oil ☐ Gas IF NO Explain: Size of Tank The Type of License of Installer: Number of Tanks _____ ☐ Master Plumber #_____ ☐ Solid Fuel # _ Distance from Tank to Center of Flame _____ feet. \$ 0il # MS 20006017 Cost of Work: $\frac{5}{9}$ □ Gas # _____ ☐ Other Permit Fee: **Approved Approved with Conditions** Fire: ______ ☐ See attached letter or requirement Bldg.: _____ Inspector's Signature Date Approved Signature of Installer

Yellow - File

Pink - Applicant's Gold - Assessor's Copy

White - Inspection