

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 04-0936	Issue Date: JUL 14 2004	CBL: 155 D013001
-----------------------	----------------------------	---------------------

Location of Construction: 51 Bay St	Owner Name: Hall Mark E &	Owner Address: 51 Bay St	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: single family	Proposed Use: single family replace 275 gal tank footprint same	Permit Fee: \$39.00	Cost of Work: \$1,375.00	CEO District: 4
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Heating</i> <i>BOCA Mechanical 1993</i>	

Proposed Project Description: single family replace 275 gal tank footprint same	Signature:	Signature:
	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: Idobson	Date Applied For: 07/07/2004	<b>Zoning Approval</b>
-----------------------------	---------------------------------	------------------------

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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: _____	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input 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>N/A</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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 04-0936	<b>Date Applied For:</b> 07/07/2004	<b>CBL:</b> 155 D013001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 51 Bay St	<b>Owner Name:</b> Hall Mark E &	<b>Owner Address:</b> 51 Bay St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Dead River Company	<b>Contractor Address:</b> PO Box 467 Scarborough	<b>Phone</b> (207) 883-9515
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> single family replace 275 gal tank footprint same	<b>Proposed Project Description:</b> single family replace 275 gal tank footprint same
---	---

<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 07/16/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 07/16/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules			

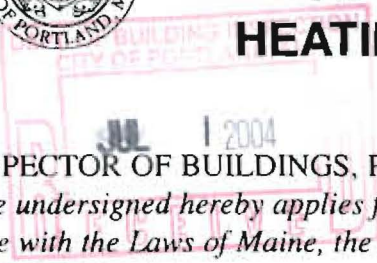
#4

155 D 013



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 51 BAY ST. Use of Building \_\_\_\_\_ Date \_\_\_\_\_

Name and address of owner of appliance MARK HALL

51 BAY ST. PORTLAND, MAINE.

Installer's name and address DEAD RIVER CO. 73 PHEASANT HILL RD

SCARBOROUGH, ME. 04070 Telephone 883-9515

**Location of appliance:**

Basement  Floor

Attic  Roof

**Type of Fuel:**

Gas  Oil  Solid

Appliance Name: 275 GALLON 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 # MS20006017

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 275 GALLON OIL TANK

Number of Tanks 1

Distance from Tank to Center of Flame 18' feet.

Cost of Work: \$ 1,375.00

Permit Fee: \$ 39.00

**Approved**

**Approved with Conditions**

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

See attached letter or requirement

Signature of Installer David C. [Signature]

DEAD RIVER CO.

Inspector's Signature

Date Approved

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

1204892