-	aine - Building or Use 4101 Tel: (207) 874-8703		0,000	CBL:		
Location of Construction:	Owner Name:		Owner Address:	Phone:		
51 Bay St	Hall Mark E &	ż	51 Bay St			
Business Name:	Contractor Name	e: (Contractor Address:	Phone		
	Dead River Co	ompany	PO Box 467 Scarborough	2078839515		
Lessee/Buyer's Name	Phone:		Permit Type: HVAC	Zone:		
Past Use:	Proposed Use:		Permit Fee: Cost of Wor	rk: CEO District:		
single family	•	eplace 275 gal tank		75.00 4		
				INSPECTION: Use Group: U Type: Hear BOCA Mechan.cal 1943		
Proposed Project Description			Simulture	Simulture -		
single family replace 275 gal tank footprint same		h	Signature: / PEDESTRIAN ACTIVITIES DIST	Signature:		
				proved w/Conditions Denied		
			Signature:	Date:		
Permit Taken By: ldobson			Zoning Approval			
1. This permit applicat	tion does not preclude the	Special Zone or Review	zs Zoning Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	Variance	Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		Wetland \	🗌 Miscellaneous	Does Not Require deview		
 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 Approved		
		Site Plan Maj 🗌 Minor 🗍 MM 🗌	Approved	Denied		

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

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

е Д	TEMITIS
a sector	JUL 1 9 2004
1.00	

1: 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:

	Use of Building Date
Name and address of owner of appliance MARK HALL	OTIONO MONE
DEAD DINED CO 72 M	RTLAND, MAINE, HEASANJ HILL RD Telephone 883-8515
Location of appliance: Basement I Floor Attic I Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Oil Solid	Metal Factory Built U.L. Listing #
Appliance Name: 275 Consular Oil TANK U.L. Approved Yes D No	Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type of Fuel Tank Dil Gas Size of Tank REPUNCIEMENT OF FISTORIUM OIL TANK
Image: Master Plumber # Image: Master Plumber # Image: Solid Fuel # Image: Solid Fuel # Image: Solid Fuel # Image: Solid Fuel #	Number of Tanks $\underline{1}$ Distance from Tank to Center of Flame $\underline{8'}$ feet. Cost of Work: $\frac{1}{375.00}$ Permit Fee: $\frac{39.00}{5}$
Approved Fire:	Approved with Conditions See attached letter or requirement
Signature of Installer	Inspector's Signature Date Approved AD RIVER CO. ink - Applicant's Gold - Assessor's Copy

Diale A. Brandle	
Pink - Applicant's	Gold - Assessor's Copy

City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (2	07) 874-8716	04-0936	07/07/2004	155 D013001	
Location of Construction:	Owner Name: O		Owner Address:		Phone:	
51 Bay St	Hall Mark E & 5		51 Bay St			
Business Name:	-		Contractor Address: PO Box 467 Scarborough		Phone	
					(207) 883-9515	
Lessee/Buyer's Name	Phone:	Phone: Permit Type: HVAC				
Proposed Use:		Proposed	Project Description:			
single family replace 275 gal tank fo		i single i	amily replace 275	gal tank footprint s	ame	
Dept: Zoning Status: Note:	Approved	Reviewer:	Tammy Munson	Approval D	Pate: 07/16/2004 Ok to Issue: ☑	
Dept:BuildingStatus:Note:1)Installation shall comply with 19	Approved with Conditions 93 BOCA Mechanical Coo		Tammy Munson Maine Oil and Soli	Approval D	Ok to Issue:	