

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

ENGINEERING SECTION

## PERMIT

Permit Number: 041548

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that Paquette Aron & /Dead River Company  
has permission to install 240 gallon oil tank in single family home  
AT 22 Loraine St City of Portland 160 G025001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit on procedure before this building or part thereof is altered or closed-in.  
**48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_

Department Name

*[Handwritten Signature]*  
*10/20/84*

Director - Building & Inspection Services

### PENALTY FOR REMOVING THIS CARD

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

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

Permit No: 04-1548	Issue Date: 10/13/2004	CBL: 160 G025001
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Location of Construction: 22 Loraine St	Owner Name: Paquette Aron &	Owner Address: 22 Loraine 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: R-3

Past Use: Single family home	Proposed Use: single family home w/ 240 gallon oil tank	Permit Fee: \$39.00	Cost of Work: \$1,375.00	CEO District: 4
Proposed Project Description: install 240 gallon oil tank in single family home		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>Heating</i> Type <i>BOCA 1995 Mechanical</i>	
		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: dmm	Date Applied For: 10/13/2004	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input checked="" type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
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**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> 04-1548	<b>Date Applied For:</b> 10/13/2004	<b>CBL:</b> 160 G025001
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<b>Location of Construction:</b> 22 Loraine St	<b>Owner Name:</b> Paquette Aron &	<b>Owner Address:</b> 22 Loraine 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 home w/ 240 gallon oil tank	<b>Proposed Project Description:</b> install 240 gallon oil tank in single family home
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 10/28/2004
<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> 10/28/2004
<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			



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 22 LORRAINE ST. 160625 Use of Building \_\_\_\_\_ Date 10/14  
 Name and address of owner of appliance ARON PAQUETTE  
22 LORRAINE ST. PORTLAND, ME. 04103  
 Installer's name and address DEAD RIVER CO. 73 PLEASANT HILL RD. SCARBOROUGH, ME  
 Telephone 833-9515

### Location of appliance:

- Basement
- Floor
- Attic
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

### Appliance Name:

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 # MS 3000 8710
- 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 240 GALLONS

Number of Tanks 1

Distance from Tank to Center of Flame 29 feet.

Cost of Work: \$ 1,375.00

Permit Fee: \$ 39.00



### Approved

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

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

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

### Approved with Conditions

- See attached letter or requirement

Inspector's Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Signature of Installer [Signature] DEAD RIVER CO.