CERTIFIC SSUM	•	L	1. 53 Ste	1	:SSUED	
---------------	---	---	-----------	---	--------	--

Cit	y of Portland, Maine	• Ruilding or Use l	Permit Applicatio	Permit No:	Issue Date:	CBL:
	Congress Street, 04101	•		02 1254	j. j.	163A C018001
Location of Construction: Owner Name:			Owner Address:		Phone:	
19 Arundel Rd Manzo Frank &		& Josephine Jts	19 Arundel Rd	· · · · · · · · · · · · · · · · · · ·	1.00	
Business Name: Contractor Nam Dead River C Lessee/Buyer's Name Phone:			Contractor Address		Phone	
		Dead River Co	Dead River Company		PO Box 467 Scarborough	
		Phone:	Phone:		Permit Type:	
				HVAC		
Past Use: Proposed Use:				Permit Fee:	Cost of Work:	CEO District:
Sin	gle family	Single family	w/replaced 275 gallon	\$39.00	\$0.00	2
oil tank			FIRE DEPT:	Use Gr	ction: roup: / Type: // (d p(A Mechanica- jeses z	
Prop	osed Project Description:			7 /// /		1993
replace 275 gallon oil tank				Signature:	Signate	ire: M
				PEDESTRIAN ACT	FIVITIES DISTRICT (P.A.D.)
				Action: Appr	oved D Approved w	/Conditions Denied
				Signature:		Date:
Permit Taken By: Date Applied For:		Zoning Approval				
kwd 10/06/2003						
1.	This permit application de	bes not preclude the	Special Zone or Rev	iews Zor	ning Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoteland	Variar	ice	Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		U Wetland	Misce	laneous	Does Not Require Review	
 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 Subdivisión		retation	Requires Review Approved	
			Maj Minor MM	Appro		Denied
			Date:	Date:		Date:

(losed

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

APPLICATION HEATING OR PO	SIGN WITH INK I FOR PERMIT WER EQUIPMENT) 3-1254
To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	1+3 A C $015all the following heating, cooking or power equipment in$
Name and address of owner of appliance FRANE MANZ 19 ARUNDEL Installer's name and address DEAD RIVER CO	RD PORTUMD, ME
Location of appliance: Basement I Floor Attic Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel:	Metal Factory Built U.L. Listing #
Appliance Name: U.L. Approved	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 Oil Gas
The Type of License of Installer:	Size of Tank APLACEMENT CF 275 COALLON THNK Number of Tanks
 Master Plumber # Solid Fuel # Ø Oil # Ø Gas # Other 	Distance from Tank to Center of Flame feet. Cost of Work: <u>\$ 1300 00</u> Permit Fee: <u>\$ 37.0 (1</u>
<u>Approved</u> Fire: Ele.:	Approved with Conditions See attached letter or requirement
Bldg.:	Inspector's Signature Date Approved Pink - Applicant's Gold - Assessor's Copy

· · ·