City of Portland, Mai	ine - Building or Use	e Permit Applicatio	n Per	rmit No:	Issue Date:		CBL:	
389 Congress Street, 041	03, Fax: (207) 874-87	16	09-1358			168 D0	03001	
Location of Construction: Owner Name:			Owner Address:			Phone:		
11 E Kidder St Slaktowicz Rob		Robert &	ert & 11 E Kidder St					
Business Name: Contra		Contractor Name:		Contractor Address:			Phone	
Down East H		nergy 172		172 Main Street South Portland		2077995585		
Lessee/Buyer's Name Phone:			Permit Type: Tanks - Dwellings				Zone:	
Past Use: Proposed Use:			Perm	nit Fee:	Cost of Work:		O District:	7
Single Family		Single Family / Install one 57 gallon		\$30.00	\$89	.00	4	
propane tank.		FI		FIRE DEPT: Approved INSPECT			ION: Jun p: R3 Type: //VA ZN3 ZM /2/01/09	
Proposed Project Description:							<u>^</u>	
Install one 57 gallon propa	ane tank		Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			101/09		
		Action: Approved Approved w/Conditions			Denied			
		Signature: Date:						
Permit Taken By: gg	Date Applied For: 12/01/2009				Zoning Approval			
		Special Zone or Reviews		Zoni	ng Appeal		Historic Pres	ervation
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Shoreland		🗌 Varianc	e		Not in Distric	t or Landmar
 Building permits do not include plumbing, septic or electrical work. 		Wetland		Miscellaneous			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)	Condition Condition	onal Use] Requires Rev	iew
		Subdivision			tation		Approved	
		Site Plan			ed		Approved w/	Conditions
PERM	NIT ISSUED		1	Denied			Denied	
Ŭ	EC - 1 2009	Date: Jm -12	4	Date:		Date	ma	el (
	ity of Portland							

Gity of Portland

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

•	aine - Building or Use Permit 14101 Tel: (207) 874-8703, Fax: (207	7) 871 8716	Permit No: 09-1358	Date Applied For: 12/01/2009	CBL: 168 D003001		
		<u></u>		<u> </u>			
Location of Construction:	Owner Name:		Owner Address:		Phone:		
11 E Kidder St	Slaktowicz Robert &		11 E Kidder St				
Business Name:	Contractor Name:		Contractor Address:	Phone			
	Down East Energy		172 Main Street S	(207) 799-5585			
Lessee/Buyer's Name	Phone:		ermit Type:				
	Tanks - I			- Dwellings			
Proposed Use:		Proposed	Project Description				
-			Install one 57 gallon propane tank				
Dept: Zoning	Status: Approved with Conditions	Reviewer:	Tom Markley	Approval I	Date: 12/01/2009		
Note:					Ok to Issue: 🗹		
/ //	roval for an additional dwelling unit. Yo such as stoves, microwaves, refrigerators		•		ent including, but		
2) This property shall a approval.	remain a single family dwelling. Any cha	nge of use sha	ll require a separa	te permit application	n for review and		
approval.	remain a single family dwelling. Any char approved on the basis of plans submitted	-					
approval. 3) This permit is being work.	approved on the basis of plans submittee	d. Any deviati	ions shall require a	a separate approval l	before starting that		
approval.3) This permit is being work.Dept: Building		d. Any deviati			before starting that Date: 12/01/2009		
approval. 3) This permit is being work. Dept: Building Note:	approved on the basis of plans submitted Status: Approved with Conditions	d. Any deviati Reviewer:	ions shall require a	a separate approval l	before starting that		
approval. 3) This permit is being work. Dept: Building Note:	approved on the basis of plans submittee	d. Any deviati Reviewer:	ions shall require a	a separate approval l	before starting that Date: 12/01/2009		

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

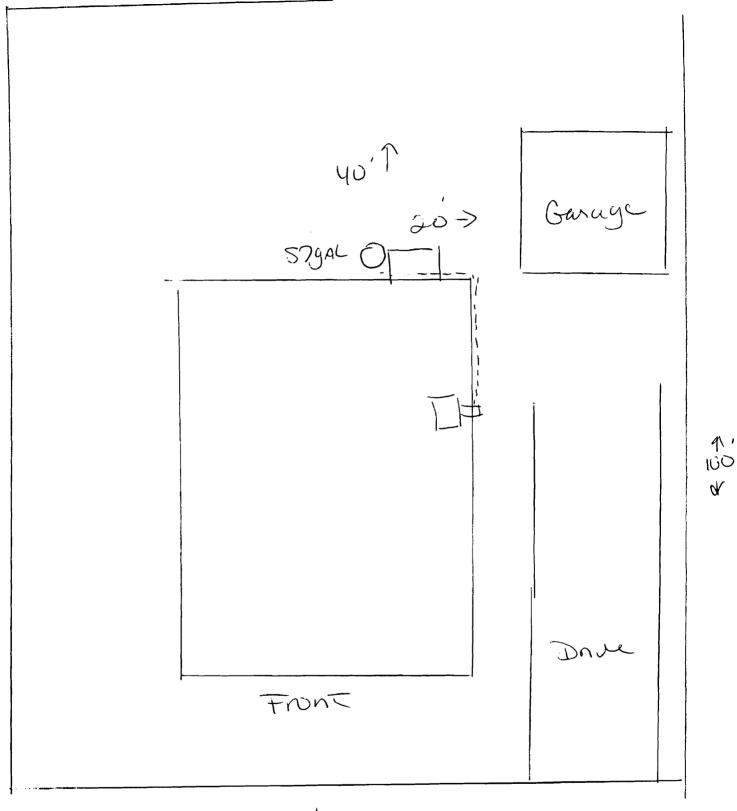
Signature of Inspections Official

Date

Date

APPLICATION HEATING OR POL	FOR PERMIT
To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to insta accordance with the Laws of Maine, the Building Code of th	ll the following heating, cooking or power equipment in the City of Portland, and the following specifications:
Location / CBL 11 EAST KILLUF SF Peld M Name and address of owner of appliance 11 EAST KIL DOB SUCCOUNTS Installer's name and address DOWNERST CHE SOUTH POPULATIC ME OYID	Evise of Building POI (114 al Date 11/24/09 ALC YEE POR ACUPINE 66-6347 OWNER GY DE MAIN STUDIE Telephone 799-5555 TELEPHONE 799-5555
Location of appliance: Basement Floor 3rd Attic Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Gas Fine st Nearth gas stale Appliance Name: Fotul Direct Verto U.L. Approved P Yes D No / Existing No / Existing Will appliance be installed in accordance with the manufacture's installation instructions? P Yes D No	Dept. of Building Inspections Metal City of Portland Maine Factory Built U.L. Listing # Direct Vent TypeUL# Type of Fuel Tank O Oil
IF <u>NO</u> Explain:	Gas Size of Tank $579allon(1)$
Image: Master Plumber # Image: Master Plumber # Image: Solid Fuel # Image: Oil # Image: Gas #	Number of Tanks Distance from Tank to Center of Flame 30 feet. Cost of Work: $\$_{200}$ Permit Fee: $\$_{3000}$
Approved Fire:	Approved with Conditions See attached letter or requirement

	A I I	the m	_ CINL Inspec	tor's Signature	Date Approved
Signature of Installer	lindua	Karas	adan	LOT ELEIG	2
-	White - Inspection	7 Yellow - File	Pink - Applicant's	Gold - Assessor's Copy	0



(-SU')

HEAST Kidder St POALand ME 04123