389 Congress Street, 04101 Tel: (8, Fax:	(207) 874-871		05-085		MIT ISSUED F019001		
ocation of Construction:	Owner Name:			1	Address:	JUI	Phone: - 1 2 2005		
55 Montrose Ave	Courtois Leland Bruce				ontrose Ave	1 001	Phone		
Business Name:	Contractor Name:								
Dead River Comp			<u> </u>	PO Box 467 Scarbo CPEY OF PORTLAND 201					
Lessee/Buyer's Name Phone:				HVAC					
ast Use: Proposed Use:			-	Permit	t Fee:	Cost of Wor	i i		
Single Family Home Single Family Peerless ECT-					\$84.00	\$6,62			
				FIRE DEFI: Annroyed			INSPECTION: Use Group:		
				Denied			1 12 17		
							17011		
'roposed Project Description:				1			hur all		
install a Peerless ECT-04 Boiler				Signatu	Signature: XWB 7/7/03				
				PEDESTRIAN ACTIVITIES DISTRIC			CT (P.A.D)		
					: Approv	ed App	proved w/Conditions Denied		
				Signature:			Date:		
Permit Taken By: Date Applied For: 1dobson 06/23/2005				Zoning Approval					
		Special Zone or Review		ews	Zoning Appeal		Historic Preservation		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Shoreland			☐ Variance		Not in District or Landman		
 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. 		Flood Zone			Conditional Use		Requires Review		
False information may invalidate a building permit and stop all work			☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM		☐ Interpretation		Approved		
					Approved		Approved w/Conditions		
					Denied		Penied		
		Date:	MD-1/7/	05	Date:		Date: WW		
							V		
		U							
		(CERTIFICATI	ON					
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are	o make this appli or work describe	med projection in the	operty, or that the as his authorized application is is	ne proper d agent ssued, I	and I agree to certify that	to conform the code off	to all applicable laws of this icial's authorized representative		
such permit.									

ADDRESS

SIGNATURE OF APPLICANT

DATE

PHONE

City of Portland, M	laine - Building or Use Permi	Permit No:	Date Applied For:	CBL:				
389 Congress Street, 0	04101 Tel: (207) 874-8703, Fax:	05-0851	06/23/2005	176 F019001				
ocation of Construction:	Owner Address: Phone:							
55 Montrose Ave	Courtois Leland Bruc	e	55 Montrose Ave					
Business Name:	Contractor Name:	C	Contractor Address:	Phone				
	Dead River Company	· I	PO Box 467 Scarl	oorough	(207) 883-9515			
.essee/Buyer's Name	Phone:	P	ermit Type:		•			
			HVAC					
'roposed Use: Proposed Project Description:								
Single Family Home/ in:	stall a Peerless ECT-04 Boiler	install a	stall a Peerless ECT-04 Boiler					
Dept: Zoning	Status: Approved	Reviewer:	Jeanine Bourke	Approval D	ate: 07/07/2005			
Note:					Ok to Issue:			
Dept: Building	Status: Approved	Reviewer:	Jeanine Bourke	Approval D	oate: 07/07/2005			
Note:					Ok to Issue:			
1) Installation shall con	nply with 2003 International Mechan	ical Code and Sta	te of Maine Oil ar	nd Solid Fuel Board	Laws and Rules			



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

-	174	F019	
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To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The und	dersigned her	eby applies	for a pern	iit to install	thefollowing	heating,	cooking o	rpower	equipment	in
accordance wit	th the Laws of	f Maine, th	e Building	Code of the	City of Portla	ind, and	thefollowin	ng specij	fications:	

Location / CBL	Use of Building Date \(\begin{aligned} \(\delta/\delta\beta/\delt
Installer's name and address DEOD RIVER CO. 73 PI	Telephone \$83.4575 04020
Location of appliance: Basement Floor Roof Type of Fuel: Gas Oil Solid	Type of Chimney: Masonry Lined Factory built Metal Factory Puilt III. Listing #
Appliance Name: DERLESS EXFOY BOILER U.L. Approved Yes No Will appliance be installed in accordance with the manufacture's installation instructions? Yes O No IF NO Explain:	Factory Built U.L. Listing # Direct Vent Type Type of Fuel Tank Oil Gas Size of Tank NOILOBJECTION Size of Tank
The Type of License of Installer: Master Plumber # Solid Fuel # Oil # MS 30008/08 Gas # Other	Number of Tanks Distance from Tank to Center of Flame feet. Cost of Work: \$
Approved Fire: Ele.: Bldg.:	Approved with Conditions See attached letter or requirement Inspector's Signature Date Approved
White - Inspection Yellow - File Pi	ink - Applicant's Gold - Assessor's Copy