City of Portland, Ma	ine - Buil	lding or Use	Permi	t Applicatio	n Per	mit No:	Issue Date	:	CBL:	
389 Congress Street, 04		•				08-0586	14/3/	18	177 IO	06001
Location of Construction:		Owner Name:			Owner	Address:	$\overline{}$		Phone:	
14 IVY ST		AREY JASON	N & AN	GELA AREY	14 IV	/Y ST	•			
Business Name:		Contractor Name	:		Contra	ctor Address:	_		Phone	
		Down East En	ergy		172 N	Main Street S	South Portla	nd	2077995	585
Lessee/Buyer's Name		Phone:			Permit	Туре:				Zone:
					Tank	ks - Dwelling	gs			
Past Use:		Proposed Use:			Permi	t Fee:	Cost of Wor	k:	CEO District:	
Single Family Home		Single Family	Home -	- Install 240		\$30.00		80.00	3	Ì
i single running rrome		Gallon Gas Ta			FIRE	DDDD		INSPEC	CTION:	
							Approved	Use Gre	oup: 🕡 🤧	Type: 51
						L_	Denied	l	~ /	2
									TRC	JOD 5
Proposed Project Description:				<u> </u>	-				س ک هٔ	•
Install 240 Gallon Gas T					Signate	ure.		Signatu	oup: R - 3 TRC - re: 6/3/09	clos
mstan 2 to Ganon Gas 1	unk					STRIAN ACT	IVITIES DIST	CRICT (F	2.A.D.)	(/C / 4
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					Action	i: Appro	ved App	proved w/	Conditions	Denied
					Signat	ure:			Date:	
Permit Taken By:	Date A	pplied For:	Γ				Approva	<u> </u>		
lmd	1	2/2008				Zoning	Approva	11		
			Spe	cial Zone or Revi	ews	Zoni	ng Appeal		Historic Pre	eservation
1. This permit applicati Applicant(s) from mo		-				-			-	
Federal Rules.	cetting applic	Lable State and		noreland	1	Varianc	e	1	Not in Distr	rict or Landmar
						[] \ \chi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				. n .
2. Building permits do		plumbing,		etland/		Miscella	aneous		Does Not R	equire Review
septic or electrical w				1.0			1.**			
3. Building permits are			LJ FI	ood Zone		Conditi	onal Use		Requires Re	eview
within six (6) months False information ma					ل ۱	·			m.	
permit and stop all w	•	a building	St	abdivision (),'		Interpre	tation		Approved	
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				te Plan		Approve	ed		Approved w	//Conditions
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JUN	- 3 2003	1		1 1					` }	
DITY OF	PORTLA	מאו								
CHYUE	TURTE	1110								
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				CERTIFICATI						
I hereby certify that I am t										
I have been authorized by jurisdiction. In addition, i										
shall have the authority to										
such permit.		, ,	1	,			F		(-)I	
CICNATURE OF ARRESTS				I D D D D D	<u> </u>	.		_		
SIGNATURE OF APPLICANT				ADDRES	S		DATE		PHO	ONE
RESPONSIBLE PERSON IN C	HARGE OF W	ORK, TITLE					DATE		PHO	ONE

City of Portland, M	laine - Building or Use Per	mit Per	mit No:	Date Applied For:	CRT:
389 Congress Street, (94101 Tel: (207) 874-8703, Fa	x: (207) 874-8716	08-0586	06/02/2008	177 1006001
Location of Construction:	Owner Name:	Owner	Address:		Phone:
14 IVY ST	AREY JASON &	ANGELA AREY 14 IV	YY ST		
Business Name:	Contractor Name:	Contra	ctor Address:		Phone
	Down East Energy	/ 172 M	Main Street S	South Portland	(207) 799-5585
Lessee/Buyer's Name	Phone:	Permit	Type:		
	<u> </u>	Tanl	ks - Dwelling	gs	
Proposed Use:		Proposed Proj	ect Description	:	
Single Family Home - I	nstall 240 Gallon Gas Tank	Install 240	Gallon Gas	Γank	
Dept: Zoning	Status: Approved	Reviewer: Chr	is Hanson	Approval I	Date: 06/03/2008
Note:					Ok to Issue:
Dept: Building	Status: Approved with Cond	itions Reviewer: Chr	is Hanson	Approval I	Date: 06/03/2008
Note:					Ok to Issue:
1) Installation shall con	nply with 2003 International Mec	hanical Code and State of	Maine Oil a	nd Solid Fuel Board	Laws and Rules
2) The appliance shall	be installed in accordance with th	e IMC 2003 and NFPA 21	1		
1				ha tamma af tha liatin	•
(3) The heating applian	ce/stove shall be installed, mainta	ined and operated in accor	dance with t	ne terms of the fistin	g.
, ,	e solid fuel appliance, the product d per the Listing, NFPA 211, IMO			•	ted. The heating
5) The installation mus	at comply with the State of Maine	Gas Regulations.			

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 upo	n receipt of your building permit.
X Final inspection required at completion	on of work.
Certificate of Occupancy is not required for certain your project requires a Certificate of Occupancy.	
If any of the inspections do not occur, the proje REGARDLESS OF THE NOTICE OR CIRCU	- ,
CERIFICATE OF OCCUPANICES MUST BE THE SPACE MAY BE OCCUPIED.	ISSUED AND PAID FOR, BEFORE
Signature of Applicant/Designee	Date
Signature of Inspections Official	Date

CBL: 341 H015001 **Building Permit #:** 08-0507

DAY OF N DATE TIME	STALI			e \S	PM	DAT	DINTMEN E 5/18 ES REP		TIME 9.	· 0\
		. Į	PROPA	NE IN	STAL	LATIO	N FORM	(
NAME: ADDRESS DIRECTION		JAS 14 PORT	ON T-V	ARE YS-	TRE	E+ INE		COUNT# HONE#		
SWITCH QUOTE: O 3/8		Prop		BOR: [) ESCR	PTION	PART	CUSTOME :	R?	
WORKOR	DER#(S) <u> [[]</u>	シ 		BBCIC		TICKETS			<u>·</u>
HOT WORK WALK SAFE ***UNSAFE COND.	L		KI	TRENCI	B C I/ LVRM WAT	ER. BDRM		RENCH DU SHOP CUST GAR ELECT WIR	REQUIENT CONVE	
ELECTRIC GRD. CRAWL. SPACE* LADDER WRK*	DE	SCRIPTI	<u>ON:</u> (GA	s B	oiLE	: R			
REMOVAL REQUIRED	3/8	TAL BTU	LOAD 5/8	1/2BI	3/4BI	FURTHI 1BI	TRAC	NCE	PLASTI	Z /
VENTING REQUIRED		IX				NOTES	: ** (SIDING	TILE/ETC)		
PARTS/EQ	UIPME	Cond	1/2 Vint	"Cap	feo	DISCUS	SSED W/ CI	<u>JST:</u>		
	•					SPECLA	AL TOOLS:			

#TECHS

THIS IS NOT A BOUNDARY SURVEY

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MORTGAGE INSPECTION OF: DEED BOOK ____ PAGE ___ COUNTY _Cumberland PLAN BOOK ___ PAGE ___ LOT ____

ADDRESS: 14 Ivy Street, Portland, Maine

Job Number: 530-42

Inspection Date: 08-02-05

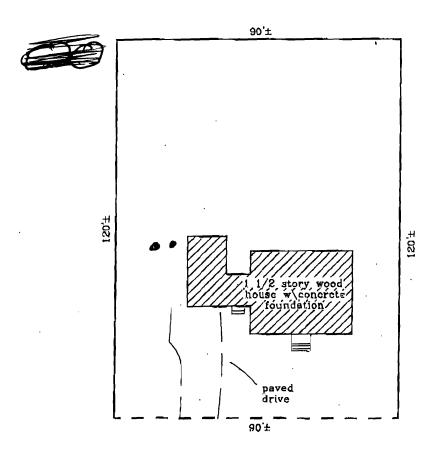
Scale: ___1"=30'__

Client File #: __05-1305__

ADDRESS: 14 TVy bereet, Foldlid, Mail

Buyers: Jason & Angela Avey

Sellers: Bruce & Megan Elam



Ivy Street

MALL

I HEREBY CERTIFY TO. C.H. McLaughlin Title Co., LLC Barton Mortgage

and its title insurer.

Monuments found did not conflict with the deed description.

The dwelling setbacks do not violate town zoning requirements.

As delineated on the Federal Emergency Management Agency Community

Panel:

The structure does not fall within the special flood hazard zone.

The land does not fall within the special flood hazard zone.

A wellands study has not been performed.

APPARENT EASEMENTS AND RIGHTS OF WAY ARE SHOWN OTHER ENCUMBRANCES, RECORDED OR NOT, MAY EXIST. THIS SKETCH WILL NOT REVEAL ABUTTING DEED CONFLICTS, IF ANY.

Livingston-Hughes

Professional Land Surveyors 88 Guines Road Konnebunkport, Maine 04046

207~967-9761 phone 207-967-4631 [ax www.livingston-hughessurveyors.com



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Location / CBL	Use of Building 1010ste Date 6008
Name and address of owner of appliance	Use of Building Private Date 62/08
Installer's name and address Deven East	Eserge 17 Mais 51
South first land	Telephone 799-5355
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
Gas 🗅 Oil 🗅 Solid	Factory Built U.L. Listing #
Appliance Name:	Direct Vent
U.L. Approved Yes No	Type UL#
Will appliance be installed in accordance with the manufacture's	
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No	}
	Type of Fuel Tank
	Type of Fuel Tank Gas
installation instructions?	Type of Fuel Tank Gas
installation instructions? Yes No	Type of Fuel Tank Oil Gas Size of Tank
installation instructions? Yes No IF NO Explain:	Type of Fuel Tank Gas
IF NO Explain: The Type of License of Installer: Master Plumber # Solid Fuel #	Type of Fuel Tank Oil Gas Size of Tank
IF NO Explain: The Type of License of Installer: Master Plumber # Solid Fuel # Oil #	Type of Fuel Tank Gas Size of Tank Number of Tanks Distance from Tank to Center of Flame feet.
IF NO Explain: The Type of License of Installer: Master Plumber # Solid Fuel # Oil # Gas #	Type of Fuel Tank Oil Gas Size of Tank Number of Tanks
IF NO Explain: The Type of License of Installer: Master Plumber # Solid Fuel # Oil #	Type of Fuel Tank Gas Size of Tank Number of Tanks Distance from Tank to Center of Flame feet.
IF NO Explain: The Type of License of Installer: Master Plumber #	Type of Fuel Tank Gas Size of Tank Number of Tanks Distance from Tank to Center of Flame feet. Cost of Work: \$
IF NO Explain: The Type of License of Installer: Master Plumber #	Type of Fuel Tank Gas Size of Tank Number of Tanks Distance from Tank to Center of Flame Cost of Work: \$ Permit Fee: \$
IF NO Explain: The Type of License of Installer: Master Plumber #	Type of Fuel Tank Gas Size of Tank Number of Tanks Distance from Tank to Center of Flame Cost of Work: \$ Permit Fee: \$ Approved with Conditions
IF NO Explain: The Type of License of Installer: Master Plumber #	Type of Fuel Tank Gas Size of Tank Number of Tanks Distance from Tank to Center of Flame Cost of Work: \$ Permit Fee: \$ Approved with Conditions