## **PERMIT ISSUED**

City of Portland, Maine - Bu	_			' <sup>11</sup>	rmit No: 03-1031	AUG ate	7 20	03 CBL:	18001	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87										
30 Wayne St Teal Limited Liability Company					Owner Address: CTTY OF PORTLAND					
Business Name:	Contractor Name				Contractor Address:					
Business Name: Contractor Nam  Mackenzie, S					74 Gertrude Ave Portland			Phone 2077977706		
Lessee/Buyer's Name	Phone:	·			it Type:	101111111111111111111111111111111111111			Zone:	
				1	AC					
	ID				nit Fee:	Cost of Wor	b.	CEO District:	<u>+</u>	
Past Use:	Proposed Use:			Peru	\$75.00			CEO DISIPRI:		
New Single Family	New Single Family			ETDI	\$73.00 E DEPT:	\$5,200.00		CTION:	<u> </u>	
	·			FIRE	DEPI:	Approved	Lice G	CHON:  OUA MCC  19	Type://	
						Denied	l osc G		H	
							21	VII Wed	hanica	
		•		4			100	19	93	
Proposed Project Description:										
Install Oil Heating System in Baser	ment/Direct Vent-2	275 Gall	on Tank	Signa			J.B.			
			,	PEDI	ESTRIAN ACT	IVITIES DIS	rrict (	P.A.D.)		
				Actio	on: Appro	ved App	proved w	/Conditions	Denied	
				Signa	ature:			Date:		
<u> </u>	Applied For: /25/2003				Zoning	g Approva	al			
<b>3</b>		Sne	cial Zone or Rev	ews	Zoni	ng Appeal	·· T	Historic Pres	ervation	
1. This permit application does n		l								
Applicant(s) from meeting app Federal Rules.	olicable State and	∐ Sh	oreland		☐ Variano	× 1 ,		Not in Distra	ct or Kandma	
rederai Ruies.			$\wedge$ $\square$		_ '			_ 1	4	
2. Building permits do not includ	le plumbing,	□ w	etland /		Miscell Miscell	ınceus		☐ Does Not R	quir Review	
septic or electrical work.			$\mathcal{M}$	/	_ \	118		_ \	K	
3. Building permits are void if we		☐ Fk	ood Zone	K	Conditi	nal Use		Requires Rev	view	
within six (6) months of the da			111	1	1_ Y	<b>'  </b>		_  V		
False information may invalid	ate a building	Su Su	bdiv <b>ision</b>		Interple	tation		Approved		
permit and stop all work			U I		<u> </u>	-				
			e Plan		Approv	ed		Approved w/	Conditions (	
		Maj [	Minor Minor	4 🗌	☐ Denied			Denied		
		Date:			Date:			Pate:		
		L			1				<u> </u>	
		•	ERTIFICAT	ION						
harahy antify that I am the aure-	of record of the				nogad sycule !:	o anthonias i	hu sha	oumer of soci	rd and that	
hereby certify that I am the owner have been authorized by the owner										
urisdiction. In addition, if a permit										
shall have the authority to enter all a										
such permit.		*						( / - <b>T</b>	•	
CICALAMITA OF ABOUT OARM				10						
SIGNATURE OF APPLICANT			ADDRE	55		DATE		PHO	NE	

City of Portland, Maine - I		Permit No: 03-1031	Date Applied For: 08/25/2003	CBL:		
389 Congress Street, 04101 To	el: (207) 874-8703, Fax: (2	07) 874-8716	03-1031	00/23/2003	177 I018001	
Location of Construction:	To	Owner Address:		Phone:		
30 Wayne St Teal Limited Liability Comp		Company	npany 286 Falmouth Rd			
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:		
Mackenzie, Stephen			74 Gertrude Ave Portland		(207) 797-7706	
Lessee/Buyer's Name	Phone:	F	Permit Type:			
		L	HVAC			
Proposed Use:		Proposed	Project Description:			
New Single Family		Install Tank	Oil Heating Syster	n in Basement/Direc	t Vent-275 Gallon	
Dept: Zoning Status	: Approved	Reviewer:	Tammy Munson	Approval D	Date: 08/27/2003	
Note:					Ok to Issue: ☑	
Dept: Building Status	: Approved with Conditions	Reviewer:	Tammy Munson	Approval D	Date: 08/27/2003	
Note:			-		Ok to Issue:	
1) Installation shall comply with	1993 BOCA Mechanical Coo	ie and State of I	Maine Oil and Soli	d Fuel Board Laws	and Rules	

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## FILL IN AND SIGN WITH INK 03-1031

## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED

AUG 2 7 2003

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, Me.  The undersigned hereby applies for a permit to instance.	stall the following heating, cooking or power equipment in
accordance with the Laws of Maine, the Building Code of	,
Landing CON LANT R WAYNE ST	Use of Building Home Date 8/24/63
Name and address of owner of appliance	LAC.
Name and address of owner of appliance	
Installer's name and address STEN MACK	enzie Heating
74 Gerriade Ave. 2015	Telephone 7977706
	Eal PO
Location of appliance:	Type of Chimney:
Basement	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
☐ Gas 🗳 Oil ☐ Solid	Factory Built U.L. Listing #
Appliance Name: FACT TCT	
U.L. Approved W Yes No	Type Field UL#
U.L. Approved Writes U No	Type _ <i>F7E1</i> Q UL#
Will appliance be installed in agrordance with the manufacture's	Type of Fuel Jank
installation instructions?  Yes  No	Oil
	Gas
IF NO Explain:	
	Size of Tank 275
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	
□ Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil #	10 5 County Work: 8 5 206-
Gas # DEPT. OF BUILDING II	NS ME
Other CITY OF PONTES	Permit Fee: \$ 710.0
Approved	Approved with Conditions
Fire:	See attached letter or requirement
Ele.:	
Bldg.:	
110-11	Inspector's Signature Date Approved
Signature of Installer	
White - Inspection Yellow - File	Pink - Applicant's Gold - Assessor's Copy