

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|---------|--|-------------|
| Permit | | |
| 04-1203 | | 179 B040001 |

| | | | |
|--|---|--|-----------------------------|
| Location of Construction: 92 Hamblet Ave | Owner Name: Weigel Anne Dunmore | Owner Address: 92 Hamblet Ave | Phone: |
| Business Name: | Contractor Name: Dead River Company | Contractor Address: PO Box 467 Scarborough | Phone: 2078839515 |
| Lessee/Buyer's Name | Phone: | | Zone: R-3 |

| | | | | |
|--|---|-------------------------------|------------------------------------|---------------------------|
| Past Use: Single Family Home | Proposed Use: Single Family Home / Replace 275 Gallon Tank. | Permit Fee: \$39.00 | Cost of Work: \$1,350.00 | CEO District: 5 |
|--|---|-------------------------------|------------------------------------|---------------------------|

FIRE DEPT: Approved Denied
 Signature: *[Signature]*

INSPEC: Use Group: *V* Type: *Hardy*
 Signature: *[Signature]*
BOLA Mechanical
1993

Proposed Project Description:
Replace 275 Gallon Tank.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

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|------------------------------------|---------------------------------------|------------------------|--|
| Permit Taken By: Idobson | Date Applied For: 0818/2004 | Zoning Approval | |
|------------------------------------|---------------------------------------|------------------------|--|

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| <p>1.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p> | <p align="center">Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____ | <p align="center">Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ | <p align="center">Historic Preservation</p> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____ |
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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 |

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|------------------------------|--|----------------------------|
| Permit No: 04-1203 | Date Applied For: 08/18/2004 | CBL: 179 B040001 |
|------------------------------|--|----------------------------|

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|--|---|--|--------------------------------|
| Location of Construction: 92 Hamblet Ave | Owner Name: Weigel Anne Dunmore | Owner Address: 92 Hamblet Ave | Phone: |
| Business Name: | Contractor Name: Dead River Company | Contractor Address: PO Box 467 Scarborough | Phone (207) 883-9515 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | |

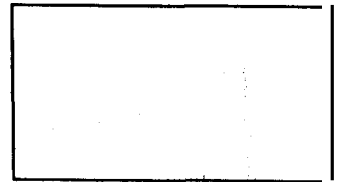
| | |
|---|--|
| Proposed Use: Single Family Home / Replace 275 Gallon Tank. | Proposed Project Description: Replace 275 Gallon Tank. |
|---|--|

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|--|--|-------------------------------|----------------------------------|
| Dept: Zoning | Status: Approved | Reviewer: Tammy Munson | Approval Date: 08/19/2004 |
| Note: | Ok to Issue: <input type="checkbox"/> | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Tammy Munson | Approval Date: 08/19/2004 |
| Note: | Ok to Issue: <input type="checkbox"/> | | |
| 1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules | | | |



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



179 B 040

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 92 HAMBLET AVE Use of Building RES Date 8/10/14
 Name and address of owner of appliance ANNE WEIGEL - 92 HAMBLET AVE PORTLAND, MAINE
 Installer's name and address DEAD RIVER CO. 73 PLEASANT HILL RD SCARBOROUGH, ME 04103
 Telephone 883-9515

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name: 275 OIL TANK

U.I. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
 Solid Fuel # _____
 Oil # MS 20006017
 Gas # _____
 Other _____

Type of Chimney:

- Masonry Lined
 Factory built _____
 Metal
 Factory Built U.L. Listing # _____
 Direct Vent
 Type _____ uL# _____

Type of Fuel Tank

- Oil
 Gas

Size of Tank REPLACEMENT OF 275 GALLON TANK

Number of Tanks 1

Distance from Tank to Center of Flame 12' feet.

Cost of Work: \$ 1,350

Permit Fee: \$ 39.00

Approved

Fire: _____
 Ele.: _____
 Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Signature of Installer [Signature] DEAD RIVER CO

Inspector's Signature

Date Approved