380 Ca		The state of the s	Permit Application	07.1000	Date: CBL: 179 B040001	
389 Congress Street, 04101 Tel: (207) 874-8703  Location of Construction: Owner Name:		, rax. (207) 074-0711	Owner Address:	Phone:		
		Dunmara				
			92 Hamblet Ave	Phone		
Business Name: Contractor N Dead Rive Lessee/Buyer's Name Phone:						
			ompany	PO Box 467 Scarborough		
		Phone:		Permit Type: HVAC	2-3	
Past Use: Proposed Us		Proposed Use:		Permit Fee: Cost of	Work: CEO District:	
Single Family Home			Home / Replace 275	Constitution of the Consti	1,350.00 5	
		Gallon Tank.		FIRE DEPT: / Approved INSPECTION:		
		1000000		I Deploy	tu //	
				/ / Wenied	V Ha	
					and Mechanic	
Proposed	d Project Description:			11/1	BOLA Mechanic Signature:	
7	e 275 Gallon Tank.			Signature:	Signature:	
The state of the s				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
				Action: Approved	Approved w/Conditions Denied	
				Signature:	Date:	
	faken By:	Date Applied For:	Zoning Approval		oval	
Idobso	on	08/18/2004				
1. Th	nis permit application de	es not preclude the	Special Zone or Revie	ws Zoning Appea	Historic Preservation	
	pplicant(s) from meeting	g applicable State and	Shoreland	Variance	Not in District of Landman	
Federal Rules.				~ //		
2. Building permits do not include plumbing,		Wetland	Misaellaneous	Diges Not Require Review		
se	ptic or electrical work.		011		1	
3. Bu	3. Building permits are void if work is not started		Flood Zone	The second secon		
within six (6) months of the		II WORK IS NOT STARTED	- ridog spire IX	Conditional Use	Requires Review	
	ithin six (6) months of the	he date of issuance.	- who the	Conditional Use	Requites Review	
Fa	ithin six (6) months of the	he date of issuance. validate a building	Subdivision	Conditional Use	Approved	
Fa	ithin six (6) months of the	he date of issuance. validate a building	11/		,   _0 /   1	
Fa	ithin six (6) months of the	he date of issuance. validate a building	11/		,   _ 0	
Fa	ithin six (6) months of the	he date of issuance. validate a building	Subdivision	☐ Interpretation	Approved w/Conditions	
Fa	ithin six (6) months of the	he date of issuance. validate a building	Subdivision	☐ Interrocution ☐ Approved	☐ Approved	
Fa	ithin six (6) months of the	he date of issuance. validate a building	Subdivision Site Plan	☐ Interroctation ☐ Approved	Approved w/Conditions	
Fa	ithin six (6) months of the	he date of issuance. validate a building	Subdivision Site Plan Maj Minor MM Date:	Interpretation   Approved   Denied   Date:	☐ Approved w/Conditions ☐ Denied	
Fa pe	ithin six (6) months of the alse information may invermit and stop all work.	he date of issuance. validate a building	Subdivision Site Plan Maj Minor MM Date:  CERTIFICATIO	Interpretation   Approved   Dented   Date:	☐ Approved w/Conditions ☐ Denied	

I have been authorized by 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	
Location of Construction: Owner Name:				Owner Address: Phone:			
92 Hamblet Ave Weigel Anne Dunmore			92 Hamblet Ave				
Business Name:  Contractor Name:  Dead River Compar  Lessee/Buyer's Name  Phone:		Contractor Name: Dead River Company		Contractor Address: PO Box 467 Scarborough		Phone	
						(207) 883-9515	
		Phone:	Permit Type: HVAC				
Single Family Home / I				ce 275 Gallon Tan			
Dept: Zoning Note:		Approved		Tammy Munson		Date: 08/19/2004 Ok to Issue: ☑	



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT LO LIEU

179 BOYD

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

1	The undersigned	hereby applie	es for a pern	nit to install	the following	heating, co	ooking or power	r equipment in	η
accorda	nce with the Lav	vs of Maine, t	he Building	Code of the	City of Portla	nd, and the	e following spec	cifications:	

Name and address of owner of appliance ANNE WEIGEL	Use of Building RES Date 8/10/4 92 HAMBLET AVE FORTHAND, MAINE
Installer's name and address DEAD AWAR CO. 73	PLEASANT HILL RD. SCARBOROUGH, ME. Telephone 883-9575
Location of appliance:  Basement	Type of Chimney:  Masonry Lined  Factory built
Type of Fuel:  Gas Oil G Solid	Metal     Factory Built U.L. Listing #
U.I Approved Yes I No	Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions?   ✓ Yes   ✓ No	Type of Fuel Tank  Oil  Gas
IF NO Explain:	Size of Tank REPUIDEMENT OF 275 CAUSIN TANK
The Type of License of Installer:    Master Plumber #   Solid Fuel #   Oil # MS Loco (sol 7   Gas #   Other   Other	Distance from Tank to Center of Flame feet.  Cost of Work: S S
Approved  Fire: Ele.:	Approved with Conditions  See attached letter or requirement
Signature of Installer  White - Inspection Yellow - File II	Inspector's Signature Date Approved  O RIVER CO.  Pink - Applicant's Gold - Assessor's Copy