

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0778	Issue Date: JUN 18 2004	GBL: 188 B024001
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Location of Construction: 43 Anson Rd	Owner Name: Hooper Ellen M	Owner Address: 43 Anson Rd CITY OF PORTLAND	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: 2-3

Past Use: single family	Proposed Use: single family replacing a 225 gal oil tank
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Proposed Project Description:
replacing a 225 gal oil tank

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Heating</i> <i>BOCA Mechanical 1993</i> Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied	

Permit Taken By: gg	Date Applied For: 06/10/2004	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews
<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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>6/15/04</i>

Zoning Appeal
<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:

Historic Preservation
<input checked="" 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: <i>6/15/04</i>

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

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Location of Construction: 43 Anson Rd	Owner Name: Hooper Ellen M	Owner Address: 43 Anson Rd	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 replacing a 225 gal oil tank	Proposed Project Description: replacing a 225 gal oil tank
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Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 06/15/2004
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 06/15/2004
Note: **Ok to Issue:**

1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules

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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 replacing a 225 gal oil tank	Proposed Project Description: replacing a 225 gal oil tank
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Dept: Zoning	Status: Approved	Reviewer: Tammy Munson	Approval Date: 06/15/2004
Note:	Ok to Issue: <input checked="" type="checkbox"/>		

Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 06/15/2004
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules			

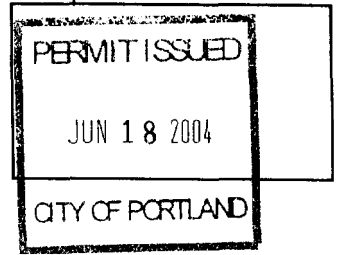
#3

188 B 024



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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 43 ANSON RD Use of Building _____ Date 6/10/04
 Name and address of owner of appliance GEORGE HOOPER
43 ANSON RD PORTLAND, ME
 Installer's name and address DEAD RIVER CO 73 PLEASANT HILL RD
SCARBOROUGH, ME Telephone 883-9515

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name:

U.L. 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 # _____
- 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 225 REPLACEMENT
OIL TANK

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 1355.00

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 _____

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

01202383

#3

188 B 024



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED
JUN 18 2004
CITY OF PORTLAND

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 45 ANSON RD Use of Building _____ Date 6/10/04
 Name and address of owner of appliance GEORGE HOOPER
113 ANSON RD PORTLAND, ME
 Installer's name and address DEAD RIVER CO 73 PLEASANT HILL RD
SCARBOROUGH, ME Telephone 883-9515

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

***Appliance Name:** _____
 U.L. Approved Yes No

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

IF NO Explain: _____

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 225 REQUIREMENT
OIL TANK

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 1350.00

Permit Fee: \$ 30.00

The Type of License of Installer:

Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # _____
 Other _____

Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

See attached letter or requirement

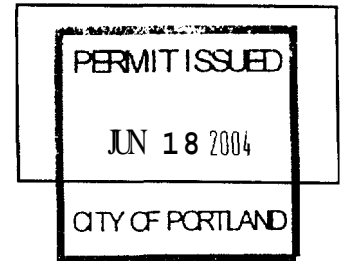
Signature of Installer [Signature] DEAD RIVER CO. Inspector's Signature _____ Date Approved _____

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy CT# 01202383



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APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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 _____ Use of Building _____ Date _____

Name and address of owner of appliance _____

Installer's name and address _____

Telephone _____

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name:

U.L. Approved Yes No

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

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Type _____ uL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ _____

Permit Fee: \$ _____

Approved

Fire: _____
 Ele.: _____
 Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer _____