389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207)			(201) 014 011	[∪]				172 10	65001	
Location of Construction: Owner Name:					Owner Address:			Phone:		
3 Colonial Ct Malia Peter D					3 Colonial Ct					
Business Name: Contractor Name				Contractor Address:			Phone	- 15		
Dead River Co		ompany		PO Box 467 Scarborough Permit Type:			20788395			
Lessee/Buyer's Name Phone:				HVAC TANK				Zone: 3		
Past Use: Proposed Use:			_		Cost of Wor	·k C	EO District:	⁼ }		
· · · · · · · · · · · · · · · · · · ·		nome w/new 275		\$39.00 \$1,375.00			3			
		gallon oil tank	nk		I I ADDIOYCU I			Use Grou		Type: L
Proposed Project Descripti	on:								۵. ۸	. 1 /
install new 275 gallon oil tank in single family home					Action: Approved Approved w			oroved w/Co	Type: Tank ature: M & 0 21 0 (P.A.D) w/Conditions Denied Date:	
D 4/7/1 D		pplied For:	Sig			Signature:			Date:	
Permit Taken By: dmm		3/2004		Zoning Approval			ıl			
GIIIII	10/1	3/2001	Spe	ecial Zone or Revie	iews Zoning Appeal			Historic Preservation		
			Shoreland		Variance		\ <u> </u>	Not in District or Landmark		
			Wetland			Miscellaneous			Does Not Require Review	
			Flood Zone		Conditional Use			Requires Review		
			☐ Su	ıbdivision 🙏		Interpre	tation		Approved	
			☐ Si	te Plan		Approve	ed		Approved w/	Conditions
			Мај [Minor MM		Denied		4	Denied	
			Date:	0/27/03	MB	Date:		Date	mi	<u></u>
				(')	,				\bigcup	
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit for	o make this appli or work described	med procation a	as his authorized application is is	e prop agent sued,	t and I agree I certify that	to conform t the code off	to all app icial's aut	licable laws horized repr	of this esentative
				ADDREGG			DATE		DITO	NE
SIGNATURE OF APPLICAL	GNATURE OF APPLICANT ADDRE			ADDRESS			DATE		PHO	NE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Signature of Installer Hull Child

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

Location / CBL 3 COLONIAL COURT Name and address of owner of appliance PETER MA	Use of Building	Date 10/)4
Name and address of owner of appliance PETER MA 192 k (5 3 COLONIA) Installer's name and address PETER RIVER CO. 23	L COURT - PORTLAND, ME B PLEASHNT HILL ROAD - SC Telephone	
Location of appliance: Basement	☐ Metal	ng #
Appliance Name: U.L. Approved Yes No Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Oil Gas	OCT 8 2004
The Type of License of Installer: Master Plumber #	Number of Tanks	
Approved Fire: Ele.: Bldg.:	Approved wing See attached letter Inspector's Signature	