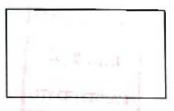
		Taine - Building or Use		on	rmit No:	Issue Date	1000	CBL:		
		04101 Tel: (207) 874-8703	, Fax: (207) 874-87	_	04-1539.		n - 2 700	192 K0	65001	
Loc	ation of Construction:	Owner Name:	Owner Name:		Owner Address:		Phone:			
3 (	Colonial Ct	Malia Peter D	Malia Peter D & Joanne L Jts		olonial Ct			ANTI		
Bus	iness Name:	Contractor Name	Contractor Name:		actor Address:	OTYC	PPURIT	Phone		
		Dead River Co	Dead River Company		Box 467 Scar		2078839515			
Les	see/Buyer's Name	Phone:	Phone:		Permit Type: Zone: Zone:					
Pas	t Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			: CEO District:		
Sin	ngle family home	single family h	ome w/new 275		\$39.00	\$1,3	75.00	3		
		gallon oil tank	gallon oil tank		Approved			NSPECTION: Use Group:  R3  Tank		
	posed Project Description tall new 275 gallon o	n: oil tank in single family home		PEDE	PEDESTRIAN ACTIVITIES DISTI			Signature		
			Signature		ure-			Date		
Permit Taken By: Date Applied For:					Zoning	Approva	al			
dr	nm	10/13/2004								
1.	This permit application does not preclude the		Special Zone or Re-	views	Zonir	ng Appeal		Historic Prese	ervation	
	Applicant(s) from r Federal Rules.	Shoreland		Vanance		X	Not in District or Landmari			
2.,	Building permits do septic or electrical	☐ Wetland	Miscellaneous		Does Not Require Review		uire Review			
3.		re void if work is not started hs of the date of issuance.	Flood Zone		Condition	onal Use		Requires Rev	iew	
False information may invalidate a building permit and stop all work			Subdivision	_	Interpretation			☐ Approved		
			Site Plan		Approve	ed	1	Approved w/0	onditions	
			Maj Minor M	МП	Denied		1	Denied		
			Date: 10 27 03 Mb		Date:		Da	Date: W		
			(	V				V		
			CERTIFICAT	rion :						

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



## 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 _ 3 COLONIAL COURT	Use of Building Date 10/14
Name and address of owner of appliance PETER MALIA	MINT Thomas Adm 201127
197 COS OCOLONIAS CO 73 (	OURT-FORTLAND, ME OHOS VEASANT HILL ROAD-SCHORBOROUGH, ME 04070
	Telephone
	Totelhole
Location of appliance:	Type of Chimney:
☑ Basement □ Floor	Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
O Gas Oil O Solid	Factory Built U.L. Listing #
Appliance Name:	☐ Direct Vent
U.I Approved   Yes  No	Type OLPT. OF BUILDING INCOME.
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions?  Yes	Oil D OCT 8 2004
IF NO Explain:	Gas E G E T W E
	Size of Tank 2/5 CALLON
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	110
Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil # MS 3000 8710	Cost of Work: \$ 1,375.00
Gas #	20 M
Other	Permit Fee: \$
Approved	Approved with Conditions
Fire:	<ul> <li>See attached letter or requirement</li> </ul>
Ele.:	
Bldg.:	Inspector's Signature Date Approved
Signature of Installer Hull Chille	DEAD RIVER CO
White - Inspection Yellow - File	Pink - Applicant's Gold - Assessor's Copy