City of Portland, Ma	ine - Buil	ding or Use l	Permi	t Application	ı Pe	rmit No:	Issue Date	:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					6 06-1787					212 A045001	
Location of Construction:	Owner Name:			Owner Address:			Phone:				
15 TIDE MILL RD	DIPHILIPPO MICHAEL A & LISA			21 TIDE MILL RD							
Business Name:	Contractor Name	:		Contr	actor Address:	-		Phone			
		Fielding's Oil	& Propa	ane	P.O. Box 364 Scarborough			2078833	194		
Lessee/Buyer's Name	Phone:			Permit Type:				Zone:			
				Tanks - Dwellings					K-C		
Past Use:	Proposed Use:			Permit Fee: Cost of Work:		k:	CEO District:				
Single Family Home	Single Family Home - Install a 500			\$35.00 \$35.0		35.00	3				
	gallon underground propane tank		Approved		1	NSPECTION:					
							Denied	Use G	roup: <i>R</i> 3	Туре: 🧷	
		l l							<b>***</b> 0 ( )	- n 2	
		<u> </u>						] .	TRE	100 5	
Proposed Project Description:									7		
Install a 500 gallon under	ground prop	ane tank			Signature: S		Signati	DRC 2003  Signature: 2 12/18/04  RICT (P.A.D.)			
					PEDESTRIAN ACTIVITIES DISTRICT					RICT (	
					Actio	on: Approv	ed App	proved w	/Conditions	Denied	
					Signa	ature:			Date:		
Permit Taken By:	Date Ar	oplied For:	<u> </u>		318.11		Annave				
Idobson	1	1/2006				Zoning	Approva	11			
			Spe	cial Zone or Revie	ws Zoning Appeal			-T	Historic Preservation		
1. This permit application Applicant(s) from me			·					Not in District or Landma			
Federal Rules.	come applie	Shoreland Shoreland			☐ Variance			Not in District of Landina			
2. Building permits do	nat inaluda r	Jumbina	umbing Wetland		Miscellaneous			Does Not Require Review			
septic or electrical w	_	numonig,	to Remain		1 Wiscentificous			Boes Not Require Noview			
-		is not started	to Remar		Conditional Use			Requires Review			
3. Building permits are void if work is not sta within six (6) months of the date of issuance			(am		ly						
False information ma	a building	building Subdivision		Interpretation			Approved				
permit and stop all w	ork										
			Si	te Plan		Approve	ed		Approved w	/Conditions	
DEDMIT IS	2011211										
PEKWII K	·	Maj Minor MM		Denied		Denied )					
		, ,	0	Li	$\mathcal{L}$					<	
DIC 2	ļ		Date:	12/15/0	0	Date:			Date:	<u>ノ</u>	
L. Turner	11.71 ( ()	•			٠ .		•				
CHYOTE		<del></del>				ann					
						~ n ~	الح				
			(	CERTIFICATION	ONI						
I haraby cartify that I am t	ha aumar af	record of the no				magad wante is	الممناه مساعمها	hu tha	auman of mass	سط مسط فاست	
I hereby certify that I am the I have been authorized by											
jurisdiction. In addition, i											
shall have the authority to											
such permit.											
SIGNATURE OF APPLICANT				ADDRES	3		DATE		PHO	ONE	
	_					_			_	_	



## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Installer's name and address    F. eldings   F.	The undersigned hereby applies for a permit to instance accordance with the Laws of Maine, the Building Code of the Location $\frac{15}{100}$ $\frac{100}{100}$ $\frac{100}{100}$ $\frac{100}{100}$ Use Name and address of owner of appliance $\frac{100}{100}$ $\frac{100}{100}$	45
Basement   Floor & Ortside   Masonry Lined   Factory built   Metal   Factory Built U.L. Listing #   Factory Built U.L. Lis	Installer's name and address F. elding: 0.1 420 V.S. RT 1 Starberrugh	Me. Telephone <b>8</b> 83 - 3194
Appliance Name: 500 Gal Vinlergium  U.L. Approved Yes No  Will appliance be installed in accordance with the manufacture's installation instructions? Yes No  IF NO Explain:    Master Plumber #	□ Basement □ Floor ■ ortside	☐ Masonry Lined
Approved  Approved  Approved with Conditions  Fire:  Ele.:  Bldg::  Approved with Conditions  See attached letter or requirement  FERMIT ISSUED	Appliance Name: 500 Cyal Undergrowd  U.L. Approved Yes No  Will appliance be installed in accordance with the manufacture's installation instructions? Yes No  IF NO Explain:  Master Plumber #	Factory Built U.L. Listing #  DEPT. OF BUILDING ME  Direct Vent  Type UI#  Type of Fuel Tank  Oil  Stas  Size of Tank  Type of Tanks
Fire:  Ele.:  Bldg.:  PERMIT ISSUED  FERMIT OF THE PROPERTY OF	□ Oil# Gas#	Distance from Tank to Center of Flame 304 feet.
V	Fire: Ele.: Bldg.:  Manh Maller  () (1)	☐ See attached letter or requirement

## **ELECTRICAL PERMIT City of Portland, Me.**

To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

1 1
Date 11/13 06
Permit # <u>2006-50</u> 09
CBI# 212 A 45

INAUOHAI Electrical Cou		<u> </u>	CallOi	15.		CBL#	2124	45
LOCATION: STI	DE	MILL RU		METER N	IAKE	& #		
CMP ACCOUNT #				OWNER	Mid	had Diphilippo		
TENANT				PHONE #	7	7-615-3802		
							TOTAL EACH	FEE
OUTLETS	60	Receptacles	35	Switches	5	Smoke Detector	.20	20
		_						<del>- 40</del>
FIXTURES	20	Incandescent		Fluorescent	7	Strips	.20	5. 40
SERVICES		Overhead	1	Underground		TTL AMPS <800	15.00	K
SERVICES		Overhead	++	Underground		>800		
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
	,						25.00	4
METERS		(number of)					1.00	/
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING	2	oil/gas units		Interior		Exterior	5.00	10
APPLIANCES	T	Ranges		Cook Tops		Wall Ovens	2.00	2
		Insta-Hot		Water heaters	\$ 2	Fans	2.00	6
		Dryers	$\top$	Disposals	4	Dishwasher	2.00	W
	ĺ	Compactors	1	Spa	7	Washing Machine	2.00	Ž
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent				Pools CITON	10.00	
	2	HVAC		EMS		Pools There parameters and the property of the	5.00	
		Signs		-			10.00	
		Alarms/res		_	E B	PORT	5.00	
		Alarms/com		IST	377		15.00	
		Heavy Duty(CRKT)		(DE.		Therapstatus PPOPILITY	2.00	
		Circus/Carnv				10" TED	25.00	
	1	Alterations			1	1 3 3 3 4	5.00	
		Fire Repairs				REC'	15.00	
		E Lights	<del> </del>		$\overline{}$		1.00	
		E Generators					20.00	
					1			
PANELS	X	Service		Remote		Main	4.00	4
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva				_	8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		40.
		MINIMUM FEE/CO	MME	RCIAL 55.00		MINIMUM FEE	45.00	71 10
						An (		1. 100

CONTRACTORS NAME MARK MORRIS ELECTRIC TO CMASTER LIC. # MS 600 16695 ADDRESS 53 BOWERY BEACH RO. CAPE ELIZABETH LIMITED LIC. #

TELEPHONE 207 272 8515

SIGNATURE OF CONTRACTOR

White Copy - Office

Yellow Copy - Applicant