Cit	y of Portland, Maine	- Building or Use	Permit Applicati	on [Permit No:	Issue Date	:	CBL:	
•		0	(207) 874-8703, Fax: (207) 874-871		06-1266			217 BC	049001
Location of Construction:		Owner Name:	Owner Name:		wner Address:	1		Phone:	
101 RIVERS EDGE DR		ALLEN GAY	ALLEN GAYLE H & ROBERT F		PO BOX 4813				
Business Name:		(Contractor Name	(Contractor Name:		Contractor Address:			Phone	
		Bradford B Po	Bradford B Post Co INC		Portland				
Lessee/Buyer's Name Pho		Phone:	Phone:						Zone:
' ast	Use:	(Proposed Use:							
Single Family		Single Family	Single Family install one 100 gal						
		gas tank		FI	RE DEPT:	Approved	INSPECTI	ON:	
						Denied	Use Group	R 3	Type: 518
						JRC 2000 Signature: In 9/14/06			
	posed Project Description:							<u>م</u>	
Install one 100 gal gas tank					Signature:		Signature: 0 9/14/06		
				Pł	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			. D.)	1 '
				Action: Approved Approved w/Conditions			Denied		
				Signature:		Date:			
'eri	nit Taken By:	Date Applied For:			Zoning A	Approva	ıl		
dn	nartin	08/28/2006							
1.	This permit application do	es not preclude the	Special Zone or Rev	Special Zone or Reviews		vs Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		applicable State and	Shoreland		Variance		Ū	Mot in District or Landmark	
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellane	eous		Does Not Require Review	
3. Building permits are void if work is not started			Flood Zone		Condition	Conditional Use		Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		Subdivision		Interpretat	Interpretation Ap		Approved		
			Site Plan		Approved			Approved w/	Conditions
	PERMIT ISS	2006	Maj Minor Mi OLUNC Date: SE	M [] 31	Denied Of late.		Date:	Denied	\leq
	CITY OF POF								

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
		22	1110112
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE	

City of Portland, Maine - Buil	ding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (0	06-1266	08/28/2006	217 B049001	
Location of Construction:	Owner Name:)wner Address:		Phone:
101 RIVERS EDGE DR	ALLEN GAYLE H & ROBI	-	PO BOX 4813		i none.
Business Name:	Contractor Name:		Contractor Address:		Phone
	Bradford B Post Co INC		Portland		
Lessee/Buyer's Name	Phone:		ermit Type:		
			HVAC		
Proposed Use:		Proposed	Project Description:		
Single Family install one 100 gal gas	-	ll one 100 gal gas tank			
			0 0		
Dept: Building Status: A	pproved I	Reviewer:	Tom Markley	Approval Da	
Note:					Ok to Issue:
1) The installation must comply with	the State of Maine Gas Regul	lations.			
2) Application approval based upon and approval prior to work.	information provided by applie	cant. Any d	leviation from appr	coved plans requires	separate review

	о Sign with Ink			
	PERMIT ISSUED			
HEATING OR PC				
To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	CITY OF DOL HAND			
, <u>-</u>	stall 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 19/ RIVERSPOLE DRIVE	Use of Building			
Name and address of owner of appliance				
101 RIVERSPOLIT FRIVE . PORT	20, Mer			
Installer's name and address				
	Telephone			
Location of appliance:	Type of Chimney:			
□ Basement Floor	Masonry Lined			
Image: AtticORoof	Factory built <u>METHLASISESTO S</u>			
Type of Fuel:	Metal			
Gas 🖸 Oil 🗖 Solid	Factory Built U.L. Listing #			
FILEPLACE Appliance Name: COOK STOJE				
U.L. Approved VE Yes D No	 Direct Vent Type uL# 			
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank			
installation instructions? 🖉 Yes O No	Oil			
IF NO Explain:	Gas			
II NO Explain	Size of Tank 100 G+12,			
The Type of License of Installer:	Number of Tanks/			
Mester Plumber #				
 General Solid Fuel # General Oil # 	Distance from Tank to Center of Flame feet.			
G as #	Cost of Work: §			
□ Other	Permit Fee: \$ 30.85			
Approved	Approved with Conditions			
Fire:	See attached letter or requirement			
Ele.:	*			
Bldg.:	Inspector's Signature Date Approved			
Signature of Installer				
White - Inspection Yellow - File	Pink - Applicant's Gold - Assessor's Copy			