City of Portland, Mai	ine - Buil	ding	or Use	Permi	t Applicatio	n P	ermit No:	Issue Date	:	CBL:	
389 Congress Street, 041						- 1	06-1547			217 B0	51001
Location of Construction:		Owner Name:				Owr	Owner Address:			Phone:	
0 RIVERS EDGE DR		SMITH MARY M				139	139 WESCOTT ST				
Business Name:		Contra	ctor Name	e:		Con	tractor Address:			Phone	
		Fielding's Oil & Propane				P.O. Box 364 Scarborough				2078833194	
Lessee/Buyer's Name	Phone:				Permit Type:				Zone:		
						Ta	ınks - Dwellin	gs			
Past Use:	Proposed Use:			Permit Fee: Cost of Work:			k:	CEO District:	1		
Single Family Home	1 -		Home -	Home - install to LP		\$30.00	\$50	00.00	3		
	120 gallon tanks			FIR				SPECTION:			
							L		Use Gr	roup:	Type:
							L	Denied			
						1					
Proposed Project Description:		PERMIT ISSUED									
install to LP 120 gallon tar	nks				Signature: Sign			Signatu	nature:		
_		NOV - 6 2018			PEDESTRIAN ACTIVITIES DISTRIC			TRICT (
			MOA	- 1	7000	Act	ion: Appro	ved Ap	nroved w	ved w/Conditions Denied	
						I Act	топ Аррго	red rip	proved w	Conditions	Demed
		1	O YTI	F PA	RTLAND	Sign	nature:			Date:	
Permit Taken By:	Date Ap	plied.F	or:			~	Zoning	Approva	al	·	
Idobson	10/20	0/2006									
1. This permit application	n does not	preclu	de the	Spe	cial Zone or Revi	ews	Zoni	ng Appeal		Historic Pres	servation
Applicant(s) from med Federal Rules.			St	Shoreland		Variance			Not in District or Landmar		
2. Building permits do not include plumbing septic or electrical work.			ng,	Wetland			Miscellaneous		Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zone		Conditi	Conditional Use		Requires Review			
False information may invalidate a building permit and stop all work				g Subdivision			Interpretation			Approved	
				Si	te Plan		Approv	ed		Approved w	'Conditions
			Maj Minor MM			1 Denied				Denied	
			Date: 10/23/06 2~			Date:		D	Date:		
					CERTIFICAT						
I hereby certify that I am th I have been authorized by t jurisdiction. In addition, if	he owner to	o make	this appl	ication	as his authorize	d age	ent and I agree	to conform	to all a	pplicable laws	of this
shall have the authority to e such permit.											
SIGNATURE OF APPLICANT				ADDRESS			DATE		:	PHONE	
DEODONOMI E MESSON IN THE	LANCE CE	lor.									
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE	•	PHC	INE	

City of Portland, Maine - Buil	ding or Use Permit	Permit No:	Date Applied For:	CBL:			
389 Congress Street, 04101 Tel: (2	207) 874-8703, Fax: (20	06-1547	10/20/2006	217 B051001			
Location of Construction:	ion of Construction: Owner Name: Ov				Phone:		
0 RIVERS EDGE DR	SMITH MARY M	1	39 WESCOTT ST				
Business Name:	Contractor Name:	С	ontractor Address:	Phone			
	Fielding's Oil & Propand	e F	P.O. Box 364 Scarl	oorough	(207) 883-3194		
Lessee/Buyer's Name	Phone:		Permit Type:				
		- 1	Tanks - Dwellings				
Proposed Use:		Proposed	ed Project Description:				
Single Family Home - install to LP 12	install to	l to LP 120 gallon tanks					
Dept: Zoning Status: A	pproved	Reviewer:	Tom Markley	Approval Da			
Note:				•	Ok to Issue: 🔽		
1) This permit is being approved on work.	the basis of plans submitte	ed. Any deviation	ons shall require a	separate approval be	fore starting that		
Dept: Building Status: A	pproved	Reviewer:	Tom Markley	Approval Da	te: 10/23/2006		
Note:				•	Ok to Issue: 🔽		
1) The installation must comply with	the State of Maine Gas R	Regulations.					
2) Application approval based upon and approrval prior to work.	information provided by a	npplicant. Any d	eviation from appr	roved plans requires s	separate review		





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMEN

	P	ERMIT ISSUED	
J -		NOV - 0 2003	
C	J)	Y OF PORTLAND	

, , .	ll the following heating, cooking or power equipment in
accordance with the Laws of Maine, the Building Code of the	te City of Portland, and the following specifications:
Location/CBL 85 River else Drive 2/7BS	Use of Building Residential Date 10-20-06
Name and address of owner of appliance Charlton +	Mary Smith
85 Rivers edge Drive	Portlad, ME. 04103 (201)653-2631
P.O. Box 364 Scarburush MF. 04070-03	Telephone (201) 883-3194
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
□ Attic □ Roof & outside	Factory built
Type of Fuel:	
Gas Oil Solid	Factory Built U.L. Listing #
Appliance Name: 2-120 bollow L.P. Touts	☐ Direct Vent
U.L. Approved Yes No	Type UL#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions? Let Yes No	□ Oil
	Gas
IF NO Explain:	0 10 1 11 5 100
	Size of Tank 2 - 120 hollow Tanks
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	TION
□ Solid Fuel #	Distance from Tank to Center of Flante feet.
Oil #	Cost of Work: \$ 50000
Other	
	Permit Fee:
Approved	Approved with Conditions
Fire:	☐ See attached letter of requirement
Ele.:	
Bldg.:	/ Inspector's Signature Date Approved
Signature of Installer William Luke	· H

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

Charlton + Mary Smith 85 Rivers edge Drive. Portland, ME. 04103

L.P. Tark Location.

