

# City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                       |                        |                      |
|-----------------------|------------------------|----------------------|
| Permit No:<br>06-0127 | Issue Date:<br>FEB - 6 | CBL:<br>224A G007001 |
|-----------------------|------------------------|----------------------|

|   |   |   |                      |
|---|---|---|----------------------|
| Location of Construction:<br>25 MACHIGONNE ST | Owner Name:<br>SAMPSON ROBERT D & SUSAN | Owner Address:<br>25 MACHIGONNE ST                    | Phone:<br>2077995585 |
| Business Name:                                | Contractor Name:<br>Down East Energy    | Contractor Address:<br>172 Main Street South Portland | Phone:<br>2077995585 |
| Lessee/Buyer's Name                           | Phone:                                  | Permit Type:<br><del>HVAC</del> TANK                  | Zone:<br>R3          |

|  |   |  |   |                    |
|--|---|--|---|--------------------|
| Past Use:<br>Single Family   | Proposed Use:<br>Single Family set one 120 gal tank | Permit Fee:<br>\$30.00   | Cost of Work:<br>\$30.00                | CEO District:<br>3 |
| Proposed Project Description:<br>Set one 120 gal tank  |   | FIRE DEPT:<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | INSPECTION:<br>Use Group: R3 Type: Tank |                    |
|  |   | Signature:   | Signature: JMB 2/2/06                   |                    |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  |   |  |   |                    |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied |   |  |   |                    |
| Signature: _____ Date: _____   |   |  |   |                    |

|                             |                                 |                        |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By:<br>dmartin | Date Applied For:<br>01/26/2006 | <b>Zoning Approval</b> |
|-----------------------------|---------------------------------|------------------------|

|   |   |   |   |
|---|---|---|---|
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol> | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan <i>OK</i><br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: <i>JMB 2/2/06</i> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | <b>Historic Preservation</b><br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: <i>JMB</i> |
|---|---|---|---|

## 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

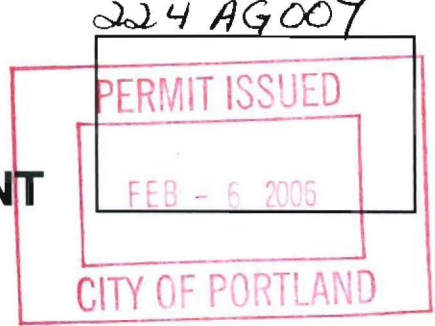
PHONE





FILL IN AND SIGN WITH INK

# 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 \_\_\_\_\_ Use of Building Private Date \_\_\_\_\_  
 Name and address of owner of appliance Susan Sambon 25 Machigonne Rd  
Portland  
 Installer's name and address Doug East Energy 172 Main St  
South Portland Telephone 799-5585

**Location of appliance:**  
 Basement       Floor  
 Attic             Roof

**Type of Fuel:**  
 Gas       Oil       Solid

**Appliance Name:** \_\_\_\_\_  
 U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

**Type of Chimney:**  
 Masonry Lined  
 Factory built \_\_\_\_\_

Metal  
 Factory Built U.L. Listing # \_\_\_\_\_

Direct Vent  
 Type \_\_\_\_\_ UL# \_\_\_\_\_

**Type of Fuel Tank**  
 Oil  
 Gas

Size of Tank 120

Number of Tanks 1

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ \_\_\_\_\_

Permit Fee: \$ 30.00

**The Type of License of Installer:**

Master Plumber # \_\_\_\_\_

Solid Fuel # \_\_\_\_\_

Oil # \_\_\_\_\_

Gas # PNT 1445

Other \_\_\_\_\_

**Approved**

**Approved with Conditions**

Fire: \_\_\_\_\_  
 Ele.: \_\_\_\_\_  
 Bldg.: \_\_\_\_\_

See attached letter or requirement

\_\_\_\_\_  
 Inspector's Signature      Date Approved

Signature of Installer [Signature]



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| <b>Business Name:</b>                                | <b>Contractor Name:</b><br>Down East Energy    | <b>Contractor Address:</b><br>172 Main Street South Portland | <b>Phone:</b><br>(207) 799-5585 |
| <b>Lessee/Buyer's Name</b>                           | <b>Phone:</b>                                  | <b>Permit Type:</b><br>HVAC                                  |                                 |

|  |  |
|--|--|
| <b>Proposed Use:</b><br>Single Family set one 120 gal tank | <b>Proposed Project Description:</b><br>Set one 120 gal tank |
|--|--|

**Dept:** Zoning**Status:** Approved**Reviewer:** Jeanine Bourke**Approval Date:** 02/02/2006**Note:****Ok to Issue:** **Dept:** Building**Status:** Approved**Reviewer:** Jeanine Bourke**Approval Date:** 02/02/2006**Note:****Ok to Issue:**

