			Permit No: Issaupa	IIT ISSUED:
389 Congress Street, 04101 To	el: (207) 874-8703	, Fax: (207) 874-87	16 05-1160	225 E046001
Location of Construction:	Owner Name:		Owner Address: AUG	1 9 2005
11 LITTLE RD		DINO R & MIA M D	11 LITTLE RD	1 3 2005
Business Name:	Contractor Name		Contractor Address:	Phone
	Dead River Co	ompany	PO Box 467 Scarb (F) Ten OF	PORTI A978 39515
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:
			Tanks - Dwellings	
Single Family Home Single Family Home/ Replace a 275 gallon oil tank w/ a 275 gallon oil		\$39.00 \$1,45 FIRE DEPT: Approved		
	tank		Denied	Use Group U Type Have
			75 NO COA 31	Use Group U Type Have
Proposed Project Description:	<u> </u>		15 A97CA W	+ 1
Replace a 275 gallon oil tank w/ a	a 275 gallon oil tank		Signature CADI. Cars	Signature:
			PEDESTRIAN ACTIVITIES DIST	RICT (P.A.D.)
			Action: Approved Approved Approved	roved w/Condition Denied
			Signature:	Date:
•	te Applied For:		Zoning Approval	
	8/12/2005	Special Zone or Revi	ews Zoning Appeal	Historio Preservation
1. This permit application does Applicant(s) from meeting ap Federal Rules.		Shoreland	Variance	Not in District or Landmark
 Building permits do not include plumbing, septic or electrical work. 		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.			Conditional Use	Requires Review
False information may invalidate permit and stop all work	date a building	Subdivision	Interpretation	Approved
		Site Plan	/ Approved	Approved w/Conditions
		Maj Mindr Mi	Denied	Denied
		Date: 9 10	Date:	Date: 0 10 05
		(/ /
		-		
		CERTIFICATI	ON	
I hereby certify that I am the owne I have been authorized by the own jurisdiction. In addition, if a perm shall have the authority to enter all such permit.	er to make this applic it for work described	med property, or that t cation as his authorize I in the application is i	he proposed work is authorized of agent and I agree to conform to ssued, I certify that the code offi	o all applicable laws of this cial's authorized representative
SIGNATURE OF APPLICANT		ADDRES	S DATE	PHONE

•	- Building or Use Permit Tel: (207) 874-8703,Fax: (Permit No: 05-1160	Date Applied For: 08/12/2005	CBL: 225 E046001
Location of Construction:	Owner Name:	Īc	Owner Address:	Phone:	
11 LITTLE RD	DESANCTIS DINO R	& MIA M D	11 LITTLE RD		
Business Name:	Contractor Name:	C	Contractor Address:		Phone
	Dead River Company	I	PO Box 467 Scarb	orough	(207) 883-9515
Lessec/Buyer's Name	Phone:	P	Permit Type:		•
			Tanks - Dwellings	3	
Proposed Use:		Proposed	Project Description:		
Single Family Home/ Replace oil tank	a 275 gallon oil tank w/ a 275 g	gallon Replace	e a 275 gallon oil t	ank w/ a 275 gallon	oil tank
Dept: Zoning Sta	tus: Approved	Reviewer:	Tammy Munson	Approval D	ok to Issue: ✓
Note:	itus: Approved with Conditions		Tammy Munson	Approval D	Ok to Issue: 🗹





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

	PERMIT ISSUED	
	AUG 1 9 2005	
C	ITY OF PORTLAND)_

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The u	ndersigned h	ereby appli	ies for a peri	nit to install	thefollowing	heating,	cooking or p	ower equip	ment in
accordance w	vith the Laws	of Maine,	the Building	Code of the	City of Portle	and, and	thefollowing	specificati	ons:

Name and address of owner of appliance DINO DESANCIT .	S-11 HITTERD. Derovand ME 04102
Installer's name and address DEAD RIVER CO. 73 PL	
Location of appliance: Basement	Type of Chimney: Masonry Lined Factory built Metal Factory Depression Paul DING INSPECTION Direct Vent AUG 2 2000 Direct Vent Type Provide in grant Paul DING INSPECTION Direct Vent AUG 2 2000 Type of Fuel Tank Paul DING INSPECTION Direct Vent AUG 2 2000 Type of Fuel Tank Paul DING INSPECTION Direct Vent AUG 2 2000 Type of Fuel Tank Paul DING INSPECTION Direct Vent AUG 2 2000 Permit Fee: \$
Approved Fire:	Approved with Conditions See attached letter or requirement
	Inspector's Signature Date Approved VFR CO. Pink - Applicant's Gold - Assessor's Copy