389 Congress Street, 04101 Te	Suilding or Use el: (207) 874-8703		(207) 874-8714		-	254	A003001	
Location of Construction: Owner Name:				Owner Address:		Phone:		
106 PINE TREE IND PKWY JLTS VIII LLG		С		59 CENTRE ST		1 222	a modely)	
Business Name:	Contractor Name	:		Contractor Address:		Phone		
	Dead River Co	ompany		PO Box 467 Scar	borough	20788	39515	
Lessee/Buyer's Name Phone:				Permit Type:			7,ope: 1/1/	
				Tanks - Commer				
Past Use:	Proposed Use:			Permit Fee: Cost of Work:			rt:	
Commercial "WB Mason" Commercial "VB (4) 1,000 gallo				\$35.00	-/	5.00 3		
		on propule talk		FIRE DEPT: Approved Denied		Use Group: /an/Gys		
Proposed Project Description:								
install (4) 1,000 gallon propane ta	ınk					Signature:		
				PEDESTRIAN ACTIVITIES DISTRICT		RICT (P.A.D.)	(P.A.D.	
				Action: Appro	ved 🗌 Appr	oved w/Conditions	v/Conditions Denied	
				Signature:		Date:		
Permit Taken By: Da	te Applied For:	г						
· ·	5/19/2010			Zoning	Approval	·		
This permit application does	not preclude the	Spe	cial Zone or Review	vs Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.] ☐ Sit	Shoreland Variance		e	Not in D	Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		│□w	etland	Miscellaneous		☐ Does No	t Require Review	
3. 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		☐ Flood Zone		Conditional Use		Requires	Review	
				Interpre	Interpretation		đ	
	 1	│ □ Si	e Plan	Approv	ed	Approve	d w/Conditions	
JUN - 1 2010		Maj {	Minor MM	Denied		☐ Denied	Q	
		Date:	Shal	Date:		Date:		
	1 1		יון ניוי					
CITY OF PORTLAN	וֹה ל		•					
OTT OF TOTAL								
		C	ERTIFICATIO	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 appl it for work describe	ication a d in the	as his authorized application is is	agent and I agree sued, I certify that	to conform to the code offi	o all applicable la cial's authorized	ws of this representative	

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

City of Portland Maine - Ruil	ding or Use Permit		Permit No:	Date Applied For:	CBL:
City of Portland, Maine - Building or Use Permit 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716			10-0543	05/19/2010	254 A003001
Location of Construction:	Owner Name:		wner Address:	<u> </u>	Phone:
106 PINE TREE IND PKWY	JLTS VIII LLC	,	OCENTRE ST		
Business Name:	Contractor Name:	c	ontractor Address:	- , ,	Phone
Salar Transition	Dead River Company 🗼	A: I	PO Box 467 Scarb	orough)	(207) 883-9515
Lessee/Buyer's Name	Phone:	P	ermit Type:		
	ALLOWER AND CORES.	··	Tanke - Commerc	ial	
Proposed Use:	<u> </u>	Proposed	Project Description:		<u> </u>
Commercial "WB Mason" install (4)	1,000 gallon propane tank	install (4) 1,000 gallon pr	opane tank	
Dept: Zoning Status: A	pproved	Reviewer:	Marge Schmucka	d Approval I	Date: 05/19/2010
Note:					Ok to Issue:
}					
Dept: Building Status: A	pproved with Conditions	Reviewer:	Tammy Munson	Approval I	Date: 05/28/2010
Note:					Ok to Issue: 🔽
1) The installation must comply with	the State of Maine Gas Reg	ulations.			
1	C				
Dept: Fire Status: A	pproved with Conditions	Reviewer:	Capt Keith Gautr	eau Approval I	Date: 05/21/2010
Note:					Ok to Issue: 💙
1) Install shall comply with all manu	facture's specifications.				
2) Install shall comply with NFPA 5	8				
A compliance letter is required.	o .				

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

<u>X</u>	Final inspection required at completion of work performed by the fire
	department.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

CBL: 254 A003001 Building Permit #: 10-0543



CITY OF THE AND, MAINE

Department of Building Inspections

Original Receipt

	7
	5. 20 10
Received from Dead	River-
Location of Work /DG P	no Tree In
Cost of Construction \$	WB No.c. Building Fee:
Permit Fee \$	Site Fee:
Certific	ate of Occupancy Fee:
	. Total:
Building (IL) Plumbing (IS)	Electrical (I2) Site Plan (U2)
Other	-
08254-A3	و ا
Check #:	Total Collected : 35
	makani sundii muumata to'muu a

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by:

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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		l

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 254. A 3	Use of Building Churcial Date 5-19-10
Name and address of owner of appliance WB MASON 106 PINTETREE INDUSTRIAL PLAN	
106 PINETREE INDUSTRIAL PLAN	
Installer's name and address DEAD RIVER COMMING. 73 PLEASAVI HILL RO SURBORDVAL, YE	1 0-1074 Telephone 883-9575-
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
Gas 🗅 Oil 🗅 Solid	Factory Built U.L. Listing #
Appliance Name:	☐ Direct Vent
U.L. Approved Yes No	Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain: The Type of License of Installer: Solid Fuel #	Type of Fuel Tank Oil Gas Size of Tank 1,000 94 1100 Number of Tanks Four Distance from Tank to Center of Flame + 50 feet.
Oil #	instance from Tank to Center of Flame feet.
Gas #	Cost of Work: \$
Other	Permit Fee: \$
Approved	Approved with Conditions
Fire:	☐ See attached letter or requirement
Ele.:	
Bldg.: Signature of Installer And River Co. S. C.	Inspector's Signature Date Approved
White - Inspection Yellow - File P	ink - Applicant's Gold - Assessor's Copy