				_			LIVIV		JUL			
City of Portland, Maine	_		0.0		Permit No:	_	Issue Date:			BL:		4001
389 Congress Street, 0410		, Fax:	(207) 874-871		05-11:))	CED	1-0	2005		A04	4001
Location of Construction:	Owner Name:	2 2011			ner Address:				Ph	ione:		
109 DENNETT ST		100 000	ALD J & REB	590	DENNET		OLTY OF	- 00	DTIM	110		
Business Name:	Contractor Name				tractor Addr		CHYU	PU	111110	one	2051	5
Lessee/Buyer's Name	Dead River Co	mpany			Box 467 S	scaro	orougn		2	0/88	33951	
Lessee Buyer's Name	Phone:				VAC							Zone:
Past Use:	Proposed Use:			Рег	mit Fee:		Cost of World	k:	CEO D	Pistric	ct:	
Single Family home	Single Family				\$66.0	00	\$4,70	00.00		5		
	w/ a Burnham	boiler /	beckett	FIR	E DEPT:	P	Approved	ı	ECTION	:		
	Burner						Denied	Use G	iroup: 🎾	7	7	Гуре:
				_			A 31		,			Wals
				1	0 01	- [1 31	+	MC -	-26	103	, , , ,
Proposed Project Description:									^	W	6	1,2/2-
replace boiler w/ a Burnham	boiler / beckett Burner				nature: Coo	/	W2>>	Signat		116	291	1/5/03
				PED	ESTRIAN À	CTIV	ITIES DIST	RICT	(P.A.D.)			
				Act	ion: Ap	prove	d 🗌 App	roved v	w/Conditi	ons		Denied
				Sigi	nature:				Date:	_		
Permit Taken By:	Date Applied For:				Zon	ing A	Approva	ıl				
Idobson	08/17/2005											
 This permit application of 		Spe	cial Zone or Revie	₩S	4	comng	Appeal		His	toric .	Preser	ryation
Applicant(s) from meetir Federal Rules.	ng applicable State and	Sh	noreland		☐ Var	ianec			No	t in D	istnet	or Landmark
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. 			etland		☐ Mis	seellan	eous		☐ Do	es No	it Requ	iire Review
			ood Zone		Cor	ndition	al Use	1	Re	quires	s Revie	ew
False information may in			rpretation		□ Ар	Approved						
		☐ Si	te Plan		ПАрі	proved			Ap	prove	d w/C	onditions
		Maj [Minor MM		☐ Der	ned			☐ De	nied	٥)
		Date:	amb 910	3/0	Date.			ı	Date:	W	16	
			7	1					/	J		
		C	CERTIFICATION	NC								

DEDMIT ICCHED

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.

such permit.	•		
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



Signature of Installer Will ()

White - Inspection

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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- 1		
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To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	all the following heating, cooking or power equipment in
accordance with the Laws of Maine, the Building Code of the	
Installer's name and address DEAD RIVER CO. 73	D, MAINE 04102
Location of appliance:	Type of Chimney:
	Masonry Lined
☐ Attic ☐ Roof	Factory built
Type of Fuel:	☐ Metal
☐ Gas ☐ Oil ☐ Solid	Factory Built U.L. Listing #
Appliance Name: BUNHAM BOVER BECKET BUNKER U.L. Approved Yes No Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type OF Fuel Tank Oil Gas Size of Tank Direct Vent Type OF BUILDING INSPECTION AUG 17 2005 RECEIVED
The Type of License of Installer:	Number of Tanks
□ Master Plumber # □ Solid Fuel # □ Oil # □ Gas # □ Other	Distance from Tank to Center of Flame feet. Cost of Work: \$ 4,700.00 Permit Fee: \$ 600.00
Approved	Approved with Conditions
Fire:	☐ See attached letter or requirement
Ele.:	
Bldg.:	Inspector's Signature Date Approved

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

•		ilding or Use Permit (207) 874-8703, Fax: (Permit No: 05-1155	Date Applied For: 08/17/2005	CBL: 286 A044001		
Location of Construction:		Owner Name:		Owner Address:	Phone:			
109 DENNETT ST		NEIDETCHER DONA	ALD J & REB	109 DENNETT S				
Business Name:		Contractor Name: Dead River Company		Contractor Address:	Phone			
				PO Box 467 Scart	(207) 883-9515			
Lessee/Buyer's Name		Phone:		Permit Type: HVAC				
Dept: Zoning Note:	Status:	Approved	Reviewer	: Jeanine Bourke	Approval I	Date: 09/13/2005 Ok to Issue:		
Dept: Building Note:		Approved Oo3 International Mechan		: Jeanine Bourke	Approval I	Ok to Issue:		
1) Installation shall (ompry with 2	JOS International Mechan	iicai Code and S	iale of Maille Off at	id Solid Filet Doald	Laws and Rules		
Dept: Fire		Approved with Condition	The Appropriate Control	: Cptn Greg Cass	Approval I			

1) Install to comply with NFPA 31