
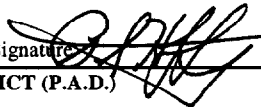


**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>PERMIT ISSUED</b>	
Permit No: 01-0836	Issue Date: JUL 17 2001
CBL: 294 D015001	

<b>Location of Construction:</b> 54 Avalon Rd	<b>Owner Name:</b> New Portland Prop Grou	<b>Owner Address:</b> 100 Forest Park	<b>Phone:</b>
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Flinks Plumbing & Heating	<b>Contractor Address:</b> 358 Preble Street South Portland	<b>Phone:</b> 2077412848
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Past Use:</b> Single Family	<b>Proposed Use:</b> Single Family / Heating System ( oil tank)	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 1
		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <b>H-3 HVAC</b> Type:	

<b>Proposed Project Description:</b> Intall Heating System	<b>Signature:</b> 	<b>Signature:</b> 
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
<b>Signature:</b>		<b>Date:</b>

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 07/10/2001	<b>Zoning Approval</b>
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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**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.

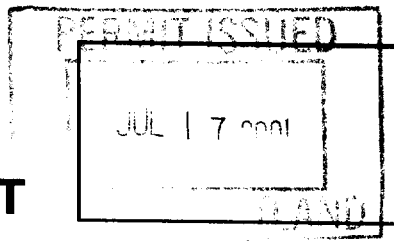
\_\_\_\_\_  
 SIGNATURE OF APPLICANT ADDRESS DATE PHONE

\_\_\_\_\_  
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



294-D-015

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 54 AUNTON ST PORT Use of Building SINGLE DWELLING Date 7/10/01

Name and address of owner of appliance STEVE RICHARD  
MARIE ST 50 PORT

Installer's name and address FLINKS PLUMBING + HEATING / 358 PEBBLE ST 50 PORT ME  
Telephone 741-2898

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: TRIANE

U.L. Approved  Yes  No

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

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

### The Type of License of Installer:

- Master Plumber # \_\_\_\_\_
- Solid Fuel # \_\_\_\_\_
- Oil # MS 20005920
- Gas # \_\_\_\_\_
- Other \_\_\_\_\_

### 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 275

Number of Tanks 1

Distance from Tank to Center of Flame 12 feet.

### Approved

Fire: UM7

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

### Approved with Conditions

- See attached letter or requirement

\$30

Signature of Installer [Signature] FLINKS PLUMBING