

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-1450	Issue Date:	CBL: 315 A001001
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Location of Construction: 659 Warren Ave	Owner Name: Maine's Floorcovering	Owner Address: 659 Warren Ave	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone 2078839515
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B4

Past Use: Maine Floorcovering	Proposed Use: Install 2- 330 Gallon Vertical oil tanks outside the building	Permit Fee: \$48.00	Cost of Work: \$2,795.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description: Install 2- 330 Gallon Vertical oil tanks outside the building.	Signature: <i>[Signature]</i>	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Application has been abandoned and has expired 1/23/08

Permit Taken By: Idobson	Date Applied For: 11/21/2003	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 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. False information may invalidate a building permit and stop all work.. 	Special Zone or Reviews <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: <i>11/25/03</i>	Zoning Appeal <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:	Historic Preservation <input checked="" 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: <i>[Signature]</i>
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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.

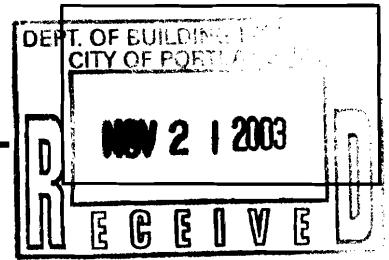
SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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 659 WARREN AVE 315A 001001 Use of Building _____ Date 11/10/03
 Name and address of owner of appliance A.H. HARRIS + SONS (A.H.J. MARKETING)
659 WARREN AVE PORTLAND, MAINE 04101
 Installer's name and address DEAD RIVER CO.
73 PLEASANT HILL RD. SCARBOROUGH ME 04070 Telephone 883-9515

Location of appliance:

- Basement
- Floor OUTSIDE
- 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: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # MS 20006017
- 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 330 GALLON VERTICAL

Number of Tanks 2

Distance from Tank to Center of Flame 22' feet.

Cost of Work: \$ 2,795.00

Permit Fee: \$ 48.00

Approved

Approved with Conditions

Fire: [Signature]

Ele.: _____

Bldg.: _____

See attached letter or requirement

Inspector's Signature _____

Date Approved _____

Signature of Installer [Signature] - DEAD RIVER CO.

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Permit No: 03-1450	Date Applied For: 11/21/2003	CBL: 315 A001001
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Location of Construction: 659 Warren Ave	Owner Name: Maine's Floorcovering	Owner Address: 659 Warren Ave	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: (207) 883-9515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	

Proposed Use: Install 2- 330 Gallon Vertical oil tanks outside the building	Proposed Project Description: Install 2- 330 Gallon Vertical oil tanks outside the building
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 11/25/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 11/26/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) tanks shall be installed in accordance with NFPA 30 standards				

Comments: 12/08/2003-mjn: need site plan, spoke with Hal from Dead river
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FAX

Dead River Company

73 Pleasant Hill Road
PO Box 467
Scarborough, ME 04070
Telephone #: 883-9515
Fax #: 883-5921

Date 2/9/04

Number of pages including cover sheet

TO:

GAYLE
CITY OF PORTLAND

FROM:

HAL WESTWIG

Phone # _____

Fax # 874-8710

CC: _____

Phone# _____

Fax # _____

<input type="checkbox"/> Urgent	<input checked="" type="checkbox"/> For your review/comments	<input type="checkbox"/> Reply ASAP

INSTALL SET UP SHEET
MANHOURS 24

CUST NAME AHT MARKETING PHONE NUMBER 772-9680 - SOLE

ADDRESS 657 WARREN AVE RIVINGTON ACCT NUMBER _____

ACCESS: BULKHEAD THROUGH HOUSE GARAGE - OVERHEAD DOOR

TARPS: CARPET HARDWOOD FLOOR LINOLIUM

TOOLS NEEDED: THREADER LADDER HAMMERDRILL POWER DOLLY

RIGHT ANGLE DRILL APPLIANCE DOLLY PUMPOUT GEAR AND TANK

AMOUNT TO BE COLLECTED — 0 —

PARTS BEING REUSED _____

FILL AND VENT GOING THROUGH? WOOD CEMENT OTHER METAL SKIN BUILDING

TANK UPGRADES INSTALL 2/330'S TO REPLACE 1000 GALLON
UNDERGROUND BEING REMOVED BY OTHERS
TRANSFER AS MUCH OIL AS POSSIBLE TO NEW TANKS

DOES DELIVERY NEED TO BE NOTIFIED Y OR N

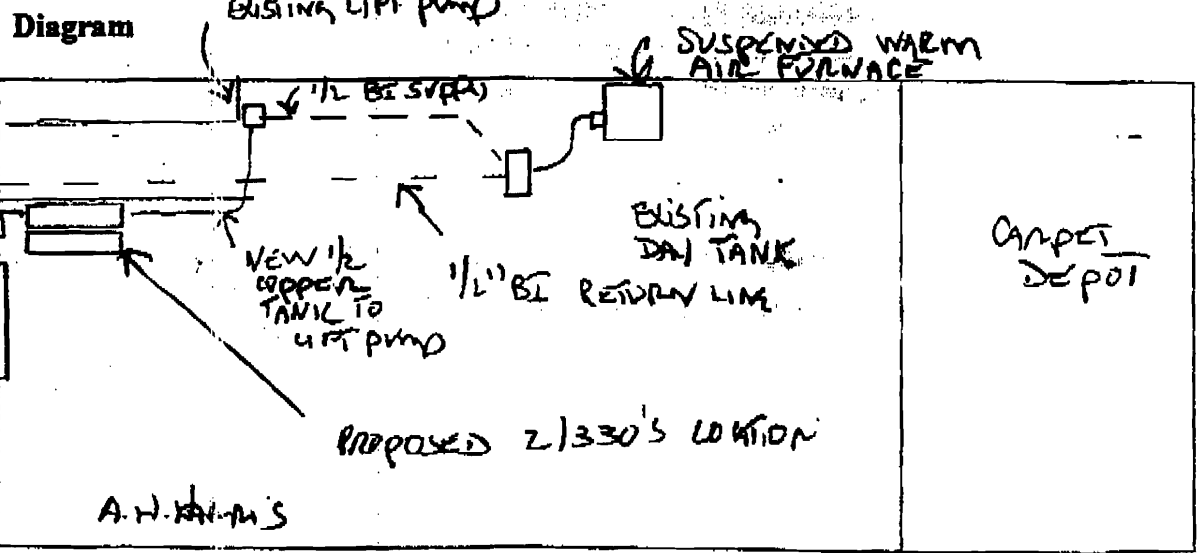
COMMENTS OR SPECIAL INSTRUCTIONS:



~~REBROK~~

RIVERSIDE STREET

GREEN
1/E



EXISTING VENT CLOSE OVERHEAD IN AS CLOSE AS POSSIBLE

UNDER SLOPES REAR of BUILDING

LANDING LOT