	<b>y oi Portiand, Main</b> Congress Street 0410	•			00 1140			331 A0	01001
389 Congress Street, 04101 Tel: (207) 874-8703  Location of Construction: Owner Name:		·		Owner Address:			Phone:		
1039 Riverside St Mitchell Robe					Po Box 2008			I houe.	
Business Name: Contractor Name  n/a Fielding's Oil		P:		Contractor Address: P.O. Box 364 Scarborough			Phone		
							2078833194		
Lessee/Buyer's Name Phone:		Phone:	i i		Permit Type:			Zone:	
n/a	·	n/a			HVAC				114
Past Use: Proposed Use:				Permit Fee: Cost of Work:			k: CE	O District:	7
Commercial Commercial /			Install 1,000 gallon il tank heating system.		\$48.00 \$2,500.00			1	
					Approved		INSPECTI		
						Denied	Use Group	سر پر دیک	Type: NA
					m		MUST	us TAMBLY W	
Pror	osed Project Description:						504	of all	SURVE
	tall heating system			·	Signature:	th HM7	Signature	141	24
	•				PEDESTRIAN ACTIVITIES DISTRICT (P.A.			D.)	<u> </u>
					Action: Approx	ved  Apr	proved w/Cor	ditions 🗆	Denied
					··				
					Signature:		Da	te:	
ì	nit Taken By:	Date Applied For:			Zoning	Approva	ıl		
gg		09/19/2003	Sno	cial Zone or Reviev	ws Zoning Appeal			Historic Preservation	
1.	1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland				1 .	Not in District or Landmar	
					☐ Varianc	Variance			
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland [		☐ Miscella	☐ Miscellaneous		Does Not Require Review	
3.	3. Building permits are void if work is not started		☐ Flood Zone		Condition	Conditional Use		Requires Review	
within six (6) months of the date of issuance.		Subdivision		Interpretation			Approved		
False information may invalidate a building permit and stop all work									
			☐ Si	te Plan	Approve	ed		Approved w/	Conditions
			Maj Minor Minor		Denied			☐ Denied	
			6	9K17	' -				//
				Date: 9 23 9 Date:			Date:	Date:	
	reby certify that I am the		med pro		ON e proposed work is		by the ow		
juris shal	we been authorized by the diction. In addition, if a place the authority to entapermit.	permit for work described	d in the	application is iss	sued, I certify that	the code off	ficial's auth	orized repr	esentativ

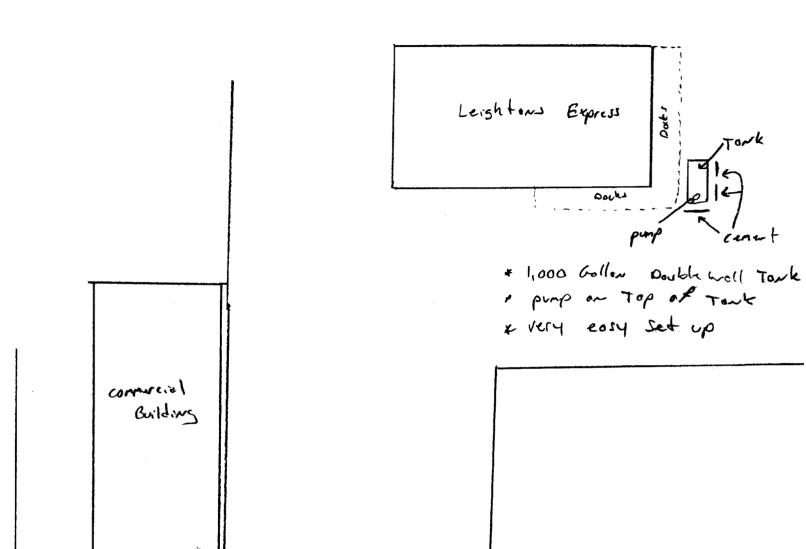
DATE

PHONE

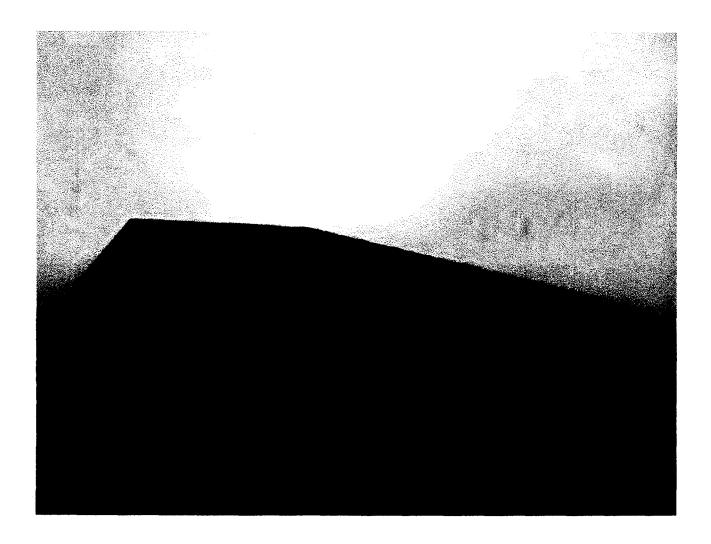
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



P. O. BOX 364 • 180 U. S. ROUTE 1 SCARBOROUGH, MAINE 04070-0364 883-3194 1(800) 491-3194



Riverside St





## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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NEED) STEREVIEWS HOUL						
	EXEMPTION.					
	all the following heating, cooking or power equipment in					
accordance with the Laws of Maine, the Building Code of the						
(Leighton's	Grovess)					
Location 1039 Riverside St. Use	e of Building Commercia Date 9/17/03					
Name and address of owner of appliance Fielding's	1. 1 + Programs (D) Den					
	Scarboroush, MB. 04070-0364					
	200-2010031,1112. 040-10-036 1					
Installer's name and address	(4.0) 292 - 21011					
שנוו דיצוניאין ז	Telephone (201) 883 - 3194					
Location of appliance:	Type of Chimney:					
☐ Basement ☐ Floor	☐ Masonry Lined					
☐ Attic ☐ Roof	Factory built					
Type of Fuel:	☐ Metal					
Gas Gil Solid	Factory Built U.L. Listing #/Vd					
Appliance Name: 1000 Goller Double well	☐ Direct Vent					
U.L. Approved Yes \( \) No Oickel Tark	Type \( \begin{align*}					
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank					
installation instructions? Yes No	Oil					
IF NO Explain:	☐ Gas					
NA	Size of Tank 1,000 Gallar Double holl					
The Type of License of Installer:	Number of Tanks (1)					
☐ Master Plumber #	Number of Tanks					
Solid Fuel #	1 m.					
TULANASTUA	Distance from Tank to Center of Flame feet.					
04/-20.01						
Other						
Approved	Approved with Conditions					
Fire: 41 Mm	See attached letter or requirement					

Signature of Installer William J. Inthin

Ele.: \_Bldg.:

White - Inspection Yellow - File

Pink - Applicant's

Gold - Assessor's Copy