	<b>D</b> U U U U	n .		Do	rmit No:	Issue Da		CBL:	
City of Portland, Maine	0			11	03-0265		-		02001
•	101 Tel: (207) 874-8703, Fax: (207) 874-871					APR	<u>027</u>		02001
Location of Construction:		Owner Name:		Owner Address:			Phone:		
1501 Forest Ave		Terison Sarah Willard		1501 Forest Ave CTTY OF PORTLAN			AND		
Business Name:	Contractor Name			Contr	ractor Address:		Phone		
	Dead River Co	ompany			Box 467 Scarl	borough		2078839515	
Lessee/Buyer's Name	Phone:			Permi HV	it Type: AC				Zone:
Past Use: Proposed Use:		<b>_</b>		Permit Fee: Cost of Work: CE				CEO District:	7
Single family dwelling		Single family dwelling with new oil			\$30.00			1	
tank installed i		n		FIRE DEPT:				SPECTION: e Group: R. 3 Type: CLA chancel Hearing 1993	
Proposed Project Description:						•			2
					Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.I				
				Actio	on: Approv	red A	Approved v	w/Conditions	Denied
				Signa	ature:			Date:	
Permit Taken By:	Date Applied For:				Zoning	Appro	val		
kwd	03/31/2003					••			
1. This permit application d	oes not preclude the	Spe	cial Zone or Revi	ews	Zonin	ng Appeal		Historic Pres	ervation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		/				Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		□ w	etland	/	Miscella	neous		Does Not Red	quire Review
<ol> <li>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</li> </ol>		Flood Zone Subdivision			Conditio	nal Use	Requires Rev	iew	
					Interpretation 7		<b>N</b>	Approved	
		🗌 Si	e Plan		Approve			Approved w/	Conditions
		Maj [		1	Denied			Denied	/
		Date:	4/1/02	, 7	Date:			Date: 4/10	3
								$\Box$	
			l						

## 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

DATE

PERMIT ISSUED

<b>City of Portland, Maine - Building or Use Permit</b> 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716			Permit No:Date Applied For:03-026503/31/2003		CBL: 338 K002001		
Location of Construction: Owner Name: O			Owner Address: Phone:				
1501 Forest Ave	501 Forest AveTerison Sarah Willard1501 F			Forest Ave			
Business Name: Contractor Name: C		ontractor Address:	Phone				
	Dead River Company	F	PO Box 467 Scarborough (207) 883-9515				
Lessee/Buyer's Name	Phone:		Permit Type: HVAC				
Proposed Use: Single family dwelling with	new oil tank installed in		Project Description: l tank installed				
Dept: Zoning S Note:	tatus: Approved	Reviewer:	Tammy Munson	Approval D	ate: 04/01/2003 Ok to Issue: 🗹		
Note:	tatus: Approved with Conditions with 1993 BOCA Mechanical Code		Tammy Munson Maine Oil and Soli	<b>Approval D</b> d Fuel Board Laws a	Ok to Issue: 🗹		

	PERMITISSUED				
Fill IN AND	Sign with Ink				
APPLICATION	N FOR PERMIT				
HEATING OR PO					
	338-K-002				
To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	03-0265				
, , ,	all the following heating, cooking or power equipment in				
accordance with the Laws of Maine, the Building Code of t					
Location 1501 FOREST AUE	se of Building $RES$ Date $3/31/03$				
Name and address of owner of appliance NIY //// //////////////////////////////					
	FUE FORJLAND, ME 04/03				
Installer's name and address	ASANT HILL Telephone 883-9515				
RD SC	TARBARAUGH, ME				
Location of appliance:	Type of Chimney:				
Basement D Floor	Masonry Lined				
	Factory built				
Type of Fuel:	Metal				
Gas Gal 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	Type of Fuel Tank REPLACEMENT OF				
installation instructions?  Yes  No					
	Gas Gas				
IF <u>NO</u> Explain:	2 mm au al				
	Gas Gas Size of Tank				
	Number of Tanks				
The Type of License of Installer:	Number of Tanks /				
Master Plumber #      Solid Fuel #	Distance from Tank to Center of Flame $30'$ feet.				
□ Oil#	Distance from fairs to center of Flame				
Gas #					
• Other					
<u>Approved</u>	Approved with Conditions				
Fire:	See attached letter or requirement				
Ele.:					
Bldg.:					
2Mg					
Signature of Installer					
White - Inspection Vellow - File	Pink - Applicant's Gold - Assessor's Copy				

THE SURGEST
CITY OF PORTLAND, MAINE
Department of Building Inspections
3/3/ 2003
Received from Orad River Co.
Location of Work 1501 Fornet Ave
Cost of Construction \$
Permit Fee \$_30_00
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2) Other
CBL: 338-K-002
Check #: Total Collected \$
THIS IS NOT A PERMIT
No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.
C. In
WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy