

PERMIT ISSUED

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

Permit No: 01-0878	Issue Date: 23	CBL: 347 E005001
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Location of Construction: 27 Skylark Rd	Owner Name: Thom Ruth	Owner Address: 27 Skylark Rd CITY OF PORTLAND	Phone: n/a
Business Name: n/a	Contractor Name: Stovey, Charles B.	Contractor Address: Portland 55 Middle Rd	Phone: 2078296604
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone: 0409/

Past Use: Single Family	Proposed Use: Same; Install Heating System	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Install Heating System		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: HVAC Type:
		Signature: <i>[Signature]</i>		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: cih	Date Applied For: 07/17/2001	Zoning Approval		
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..		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: _____	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 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: _____

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

347. E. 005

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 27 Skylark Rd. Use of Building Dwelling Date 7-17-01
 Name and address of owner of appliance Ruth Thom
27 Skylark Rd
 Installer's name and address Charles B Stovely
 Telephone 829-6604

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name:

Burnham

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 # 1578
 Solid Fuel # _____
 Oil # MASTER OIL
 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 10' feet.

Approved

Fire: slm
 Ele.: _____
 Bldg.: _____

Approved with Conditions

- See attached letter or requirement

\$30.00
CH

Signature of Installer _____

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy