ocation of Construction:	Owner Name:		Owner Address:	Mana Hhone:			
25 BALLPARK DR	ORLANDO D	ORIS E	116 REGAN LN OCT 2 3	1155			
Business Name: Contractor Name Down East En		<u> </u>	Contractor Address:	Hhone			
		ergy	172 Main Street Sputh Porton				
.essee/Buyer's Name	Phone:		Permit Type	Zone:			
			Tanks - Dwellings				
Past Use:	Proposed Use:	<del></del>	Permit Fee: Cost of Work: CEO District:				
Single Family Home	Single Family	Home- install 2- 120	\$30.00   \$30.00   5				
gallon propand		e tank	FIRE DEPT: Approved Use Group: Type				
Proposed Project Description:	<u> </u>						
install 2- 120 gallon propane tan	k		Signature:	Signature:			
			PEDESTRIAN ACTIVITIES DISTR	RICT (P.A.D)			
			Action: Approved Appro	oved w/Conditions Denied			
			Signature:	Date:			
	ate Applied For: 10/13/2006	_	Zoning Approval				
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Special Zone or Rev	views Zoning Appeal	Historic Preservation			
		Shoreland	☐ Variance	Not in District or Landman			
		Wetland	Miscellaneous	Does Not Require Review			
3. Building permits are void if within six (6) months of the	date of issuance.	☐ fisod Zold	Conditional Use	Requires Review			
False information may inval permit and stop all work	idate a building	Subdivision	Interpretation	Approved			
		Sil Plan	Арргоved	Approved w/Conditions			
		Maj Minor Mi	M Denied	Denied			
		Date: (	V Date:	Date: 10/18/06			
				1 1			
		CERTIFICAT					
			the proposed work is authorized beed agent and I agree to conform to				

ADDRESS

SIGNATURE OF APPLICANT

DATE

PHONE



## FILL IN AND SIGN WITH INK

## **APPLICATION FOR PERMIT HEATING OR POWER EQUIPME**

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	CIT	Y OF P	Ņ	0	-

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 37/A45  Name and address of pwner of appliance	Use of Building Policeta Date 1/3/66
roct level	Dergy D Main 57 Telephone THY 5585
Location of appliance:  Basement Floor Roof  Type of Fuel: Gas Oil Solid	Type of Chimney:  Masonry Lined Factory built  Metal Factory Built U.L. Listing #
Appliance Name:  U.L. Approved    Yes    No  Will appliance be installed in accordance with the manufacture's installation instructions?    No	Direct Vent Type UL#  Type of Fuel Tank  Ojh
IF NO Explain:  The Type of License of Installer:	Size of Tank  Number of Tanks
<ul> <li>□ Master Plumber #</li></ul>	Distance from Tank to Center of Flame feet.  Cost of Work: \$  Permit Fee: \$
Approved           Fire:	Approved with Conditions  ☐ See attached letter or requirement  ☐ Inspector's Signature Date Approved
Signature of Installer  White - Inspection Yellow - File I	Pink - Applicant's Gold - Assessor's Copy

DAY OF INSTALL	<u> </u>				APPO	DINTMEN	T		
<u>DATE</u> 1/1/2	<u>DATE</u> <u>TIME</u>								
TIME V//	SALES REP Steve								
PROPANE INSTALLATION FORM									
NAME:	Don	#	Pro	6	Ir love	AC	COUNT#		
ADDRESS:	25	BU	11 /2	ck o	al .	P	HONE#		
DIRECTIONS:	for	fki	rel_						
		<del></del>			<del></del>				
		<del>-</del>			<del></del>	OII	CUSTOME	D?	
QUOTE: (Y/N)		T.A	BOR:			PART	<del></del>	·N.:	1
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			JOB D	ESCR	IPTION	Ī			
WORKORDER#(S	)				1	TICKETS			
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2-	1201	<u> </u>	Zent	46				<del></del>	<del></del>
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WORK HOO		NIT:	- 5	100	Kica	s	SHOP CUST	CONVERS	
WALK	NSTALL	Kľ	гсн	LVRM	BDRM	BATH		BASE C	THER
SAFE LOCATION  ** UNSAFE A SPECTOS A SONEWED A SWATE						ANIMALS	ELECT	TRIC OT	HER
** UNSAFE COND.  ELECTRIC DESCRIPTION:  GRD.  CRAWL SPACE *  LADDER  ASBESTOS CONFINED WATE					1 - 1		WIR	ES /4	*
GRD.	CKITIO	<u></u> محک	t ó	2- H	for 20	mfel	fres.	Hecky	1
CRAWL SPACE *	1/1	resi	AR	e b	2	5th	2		
LADDER WRK *	5 /	-, -							
REMOVAL POTAL BTU LOAD REQUIRED					FURTHEST APPLIANCE				
PIPE SIZE 3/8	1/2	5/8	1/2BI	3/4BI	1BI	TRAC	bi	PLASTIC	
VENTING		<del></del>	i	L	NOTES	: ** (SIDING	THE FIETC	<u> </u>	
REQUIRED					NOTES	· (SIDING	"TILE/ETC)		
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Deis orkinde all services pmifig

City of Portland, Mai 389 Congress Street, 041	J		7) 874-8716	Permit No: 06-1518	Date Applied For: 10/13/2006	CBL: 371 A045001	
Location of Construction:	Owner Na		<u> </u>	Owner Address:		Phone:	
25 BALLPARK DR	ORLAN	ORLANDO DORIS E 1			116 REGAN LN		
Business Name:	Contracto	r Name:		Contractor Address:	Phone		
	Down E	ast Energy		172 Main Street South Portland		(207) 799-5585	
Lessee/Buyer's Name	Phone:			Permit Type: Tanks - Dwellings	3		
Single Family Home- insta		oane tank		2- 120 gallon prop			
Dept: Zoning Note:	Status: Approved		Reviewer:	Tammy Munson	Approval D	Oate: 10/18/2006  Ok to Issue:   ✓	
Dept: Building Note:	Status: Approved v	vith Conditions	Reviewer:	Tammy Munson	Approval D	Oate: 10/18/2006 Ok to Issue: ✓	