Cit	y of Portland, Maine	- Build	ling or Use Po	ermit A	Application	I	Permit No:	Issue Dat	te:	CBL:	
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1374			380A D0	02001
Loca	ation of Construction:	Owner Name:			Owner Address:				Phone:		
30 ALPINE RD			CONNOLLY MAUREEN B & RICHA			26 ALPINE RD					
Bus	iness Name:		Contractor Name:			Contractor Address:				Phone	
			Dead River Co	Dead River Company			Box 467 Scart	207883951	.5		
Less	see/Buyer's Name	Phone:	hone:		Permit Type:					Zone:	
					HVAC						
Past	t Use:		Proposed Use:			Permit Fee: Cost of Work:			ork: (CEO District:	
-					1 250 gal oil tank		\$39.00	\$1,6	600.00	5	
, , , , , , , , , , , , , , , , , , ,					FIRE DEPT: Approv		Approved	INSPECTION:			
					☐ Denied		Use Gro	Use Group: Type			
] Bemea					
Proposed Project Description:											
1 2	50 gal oil tank								Signatur		
							DESTRIAN ACT	2.A.D.)	1.D.)		
							Action: Approved Approved w/Condition				Denied
						Signature:				Date:	
Dom	mit Taken By:	Doto A	pplied For:			Sig				Date.	
	nartin)/2005				Zoning	Approva	ıl		
				Special Zone or Revi		ews	ews Zoning Appeal			Historic Preservation	
1.	1. This permit application does not properly Applicant(s) from meeting application		preciude the		noreland	☐ Variance		[☐ Not in District or Landn		
	Federal Rules.										
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Revie		
3.	3. Building permits are void if work is not started			☐ Flood Zon			Conditional Us			Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved	
				Site Plan			☐ Approved			Approved w/Condition	
				Maj Minor MM		Denied			☐ Denied		
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the over been authorized by the sdiction. In addition, if a place the authority to enuch permit.	owner to permit fo	o make this appli r work described	med procession and the angle of the second s	as his authorized application is iss	ne pr d age	ent and I agree , I certify that t	to conform he code offi	to all app cial's aut	olicable laws of horized repres	of this sentative
SIG	SNATURE OF APPLICAN				ADDRES	S		DATI	Ξ	Pl	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction	:	Owner Name:		Owner Address:		Phone:	
30 ALPINE RD		CONNOLLY MAUREEN	B & RICHA	26 ALPINE RD			
Business Name:		Contractor Name:		Contractor Address:		Phone	
	Dead River Company		PO Box 467 Scarborough		2078839515		
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:
				HVAC			
Dept: Zoning	Status:	Approved	Reviewer	Tammy Munson	Approval Date: 09/30/2005		
Note: Ok to Iss						Ok to Issue	:
Dept: Building	Status:	Approved with Conditions	Reviewer	Tammy Munson	Approval Dat	te: 09/	30/2005

1) Installation shall comply with 2003 International Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules

Note:

Ok to Issue: ✓

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО