Location of Construction: Owner Name		Owner Name:	<u> </u>	Owner Address:	OCT 3	2004	Phone		
30 AI	PINE RD	CONNOLLY	MAUREEN B & RIC	26 ALPINE PL)				
Business Name: Lessee/Buyer's Name		Contractor Name	Contractor Name: Dead River Company Phone:		S:		Phone		
		Dead River Co			PO BOX 467 GLITTO GER ORTLAI			ND 2078839515	
		Phone:			Permit Type:			Zone:	
				HVAC					
Past Us	e:	Proposed Use:		Permit Fee:	Cost of Work	1	District:	7	
Single	e Family	Single Family	Single Family 1 250 gal oil tank		\$1,60		5		
Proposed Project Description:				FIRE DEPT:	INSPECTION: Use Group: U Type: 72 IMC 2203				
1 250	gal oil tank			Signature:		Signature:	A		
				PEDESTRIAN AC	TIVITIES DIST	RICT (P.A.)	D.)		
				Action: App	roved Appi	oved w/Con	ditions 🗎	Denied	
		_		Signature:		Dat	te:		
	Taken By:	Date Applied For:		Zonir	g Approva				
dmar	tin	09/20/2005							
	his permit application de		Special Zone or Revie	ews Zo	ning Appeal	1 '	Historic Pres	ervation	
	Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work.		Shoreland	☐ Varia	nce		Not in Distric	et or Landmark	
			☐ Wetland	☐ Misce	ellaneous		Does Not Rec	quire Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Floof Zone	☐ Cond	itional Use		Requires Rev	iew		
F	False information may invalidate a building permit and stop all work		☐ Subdivision	Interp	retation		Approved		
·			Site Plan	_ Appro	oved		Approved w/	Conditions	
			Maj Minor MM	Denie	d		Denied /	1	
		i		- 1		1	. / .	11 -	

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

City of Portland, Maine - Building or Use I 389 Congress Street, 04101 Tel: (207) 874-8703.		J, 1 a.e. (201) 011 011	6 05-1374		380A D002001	
ocation of Construction: Owner Name:		Owner Address: ()(CT 3 2004 1	Phone		
30 ALPINE RD CONNOLLY N		Y MAUREEN B & RIC	26 ALPINE RD			
Business Name: Contractor Name: Dead River Co.		ne:	Contractor Address:		Phone	
		Company	PO Box 467 GLTro	3FgPORTLAND	2078839515	
Lessee/Buyer's Name Phone:			Permit Type: HVAC		Zone:	
Past Use: Proposed Use:				st of Work: CEO	District:	
Single Family	Single Famil	y 1 250 gal oil tank	\$39.00	\$1,600.00	5	
•				pproved INSPECTIO Use Group:	1	
Proposed Project Descrip	tion:		/			
1 250 gal oil tank	•		Signature:	Signature:	gnature:	
			PEDESTRIAN ACTIVIT	EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
			Action: Approved	Approved w/Cond	itions Denied	
			Signature:	Date		
Permit Taken By:	Date Applied For:		Signature: Zoning A		:	
dmartin	09/20/2005	Special Zone or Revie	Zoning A	pproval		
dmartin 1. This permit appli		Special Zone or Revie	Zoning A	pproval	istoric Preservation	
1. This permit appli Applicant(s) from Federal Rules.	09/20/2005 ication does not preclude the n meeting applicable State and do not include plumbing,		Zoning A	pproval Appeal H	istoric Preservation	
1. This permit applicant(s) from Federal Rules. 2. Building permits septic or electrical Building permits within six (6) more septical sep	do not include plumbing, al work. are void if work is not started onths of the date of issuance.	Shoreland	Zoning A Zoning A Variance	pproval ppeal H us □ I	istoric Preservation of in District or Landmark	
1. This permit applicant(s) from Federal Rules. 2. Building permits septic or electrical Building permits within six (6) more septical sep	do not include plumbing, all work. are void if work is not started onths of the date of issuance. In may invalidate a building	Shoreland Wetland	Zoning A Zoning A Variance Miscellaneo	pproval In proper H In proper	istoric Preservation of in District or Landmark Does Not Require Review	
1. This permit applicant(s) from Federal Rules. 2. Building permits septic or electrical. 3. Building permits within six (6) more False information.	do not include plumbing, all work. are void if work is not started onths of the date of issuance. In may invalidate a building	☐ Shoreland ☐ Wetland ☐ Flood Zone	Zoning A Zoning A Variance Miscellaneo Conditional	pproval Appeal H Use F n A	istoric Preservation of in District or Landmark Does Not Require Review Requires Review	
1. This permit applicant(s) from Federal Rules. 2. Building permits septic or electrical. 3. Building permits within six (6) more False information.	do not include plumbing, all work. are void if work is not started onths of the date of issuance. In may invalidate a building	Shoreland Wetland Flood Zone Subdivision	Zoning A Zoning A Variance Miscellaneo Conditional Interpretatio Approved	pproval us	istoric Preservation Tot in District or Landmark Does Not Require Review Requires Review Approved	

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



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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:

380 AD 000

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

White - Inspection

Yellow - File

Location / CBL 380 A - D - 002 - 001 Use of Building SINGLE FAMILY Date 916 2005

Name and address of owner of appliance RICHARD G & MAURIEN B CONNELLY

30 AUPINE ROLD ROLLING, NE 04103 Installer's name and address DEAD RIFER Company
13 PERSONOVER

RO SURBONOVER Location of appliance: Type of Chimney: Masonry Lined ★ Basement ☐ Floor ☐ Roof Factory built _ DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Type of Fuel: Metal Oil ☐ Gas ☐ Solid Factory Built U.L. Listing # SEP 1 6 2005 Appliance Name: HEALING OF TANK ☐ Direct Vent U.L. Approved 🔾 Yes 🔾 No Type __ Will appliance be installed in accordance with the manufacture's Type of Fuel Tank installation instructions? X Yes

IF NO Explain: Size of Tank 275 GALLON The Type of License of Installer: Number of Tanks ____ONE ☐ Master Plumber #____ Distance from Tank to Center of Flame ______ feet. ☐ Solid Fuel # _ # 0il # MS30008/08 Cost of Work: 8 1600 00 Other___ Permit Fee: **Approved Approved with Conditions** ☐ See attached letter or requirement Ele.: _____ Inspector's Signature Date Approved Signature of Installer AN KINGO

Pink - Applicant's

Gold - Assessor's Copy

	•	Permit No: 05-1374	Date Applied For: 09/20/2005	CBL: 380A D002001		
Location of Construction: Owner Name:					Phone:	
	CONNOLLY MAUREEN B & RIC		26 ALPINE RD			
Business Name:		Contractor Name:		Contractor Address:		
	Dead River Company		PO Box 467 Scarb	orough	(207) 883-9515	
	Phone:		Permit Type:	mit Type:		
			HVAC			
		Propose	d Project Description:			
Proposed Use: Single Family 1 250 gal oil tank						
Status:	Approved	Reviewer	Tammy Munson	Approval I	Date: 09/30/2005	
			•		Ok to Issue:	
na manife sometal manifestorist manifestorist stomatics	Approved with Conditions	D	Tammy Munson	Approval I	Date: 09/30/2005	
	04101 Tel	Owner Name: CONNOLLY MAURE Contractor Name: Dead River Company Phone:	Owner Name: CONNOLLY MAUREEN B & RIC Contractor Name: Dead River Company Phone: Propose 1 250	Owner Name: CONNOLLY MAUREEN B & RIC Contractor Name: Dead River Company Phone: Permit Type: HVAC Proposed Project Description: al oil tank O5-1374 Owner Address: Contractor Address: PO Box 467 Scarb Proposed Project Description: 1 250 gal oil tank	Odd 101 Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: CONNOLLY MAUREEN B & RIC Contractor Name: Dead River Company Phone: Permit Type: HVAC Proposed Project Description: 1 250 gal oil tank	



CITY-OF PORTLAND-MAINE Department of Building Inspections

· · · · · · · · · · · · · · · · · · ·	20 C)
Received from	Picer Co
Location of Work 30 A(Dine
Cost of Construction \$ 1000 Permit Fee \$ 30	-
Building (IL) Plumbing (I5) Other H H C	Electrical (I2) Site Plan (U2)
CBL: 300 H 10 CC2	Total Collected s 30

THIC IC NOT A DEF

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.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy