•	<b>Maine - Building or Use</b>					
389 Congress Street, 04101 Tel: (207) 874-8703, <b>Fax:</b> (207) 874-8710 Location of Construction: Owner Name:			Owner Address:	SSUED 302 C014001		
56 CLAYTON ST		SLICIA H	56 CLAYTON ST	Phone:		
Business Name:			Contractor Address: JUL 2	Phone		
	Down East Er		172 Main Street South Portl			
Lessee/Buyer's Name	Phone:		B : (B)			
			Tanks Dwellings OF P	ORMLAND R3		
Past Use:	Proposed Use:		Permit Fee: Cost of Wo	ork: CEO District:		
Single Family	Single Family	install a 120 gal tank				
			FIRE DEPT: Approved	INSPECTION:		
			// Denied	Use Group Type:		
			$\mathcal{L}/\mathcal{A}$	The chile Con		
				STATE ON		
			Signature	Signature:		
			Signature	_ Signature.		
			Action: Approved Approved Approved	pproved w/Conditions Denied		
			Signature:	Date:		
Permit Taken By: dmartin	Permit Taken By:  dmartin  Date Applied For:  06/22/2006		Zoning Approval			
		Special Zone or Review	ws Zoning Appeal	Historic Preservation		
<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>		Shoreland	Variance	Not in District or Landma		
		Wetland	Miscellaneous	Does Not Require Review		
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		☐ Flood Zone ☐ Conditional Use		Requires Review		
		Subdivision	Interpretation	Approved		
		Site Plan	Approved	Approved w/Conditions		
		Maj Minor@ MM[  OK  Date: [ ]   [ ]   [ ]	Denied	□ Denied ★		
		Date: 6/21/01 100	Date:	late:		
I have been authorized jurisdiction. In addition	by the owner to make this appl on, if a permit for work describe	ication as his authorized d in the application is iss	e proposed work is authorized agent and I agree to conform sued, I certify that the code of	d by the owner of record and that to all applicable laws of this fficial's authorized representative vision of the code(s) applicable to		
such permit.  SIGNATURE OF APPLIC.	·	ADDRESS	DAT)			
SIGNATURE OF APPLIC.	ZIVI	ADDKESS	DAII	E PHUNE		
KESPONSIBLE PERSON	IN CHARGE OF WORK, TITLE		DATI	E PHONE		



FILL IN AND SIGN WITH INK

## APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

382 COK	<u> </u>
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and the state of t	
Y OF POLITIAND	7.7

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

	The undersigned	hereby applies fo	r a permit to ins	tall the following	heating, cod	oking or power	equipment in	ļ
accor	dance with the Law		_					

Location / CBL Use of Building Date 6/20  Name and address of owner of appliance Location / CBL Use of Building S 6 Date 6/20  **The control of appliance S 6 S 6 S 7 **The same and address of owner of appliance S 6 S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance S 7 **The same and address of owner of appliance				
Location / CBL	Use of Building Date Date			
Name and address of owner of appliance	Warner 36 Magicin 30			
10171412				
Installer's name and address	Telephone 799-555			
Location of appliance:	Type of Chimney:			
☐ Basement ☐ Floor	☐ Masonry Lined			
☐ Attic ☐ Roof	Factory built			
Type of Fuel	☐ Metal			
Gas Oil Solid	Factory Built U.L. Listing #			
Appliance Name:	Direct Vent			
U.L. Approved \( \sqrt{\text{Ves}} \sqrt{\text{No}} \) No	Type uL#			
Will appliance <b>be</b> installed in accordance with the manufacture's	Type of Fuel Tank			
installation instructions?  \( \sigma \) Yes \( \sigma \) No	□ Øil			
	☐ Gas			
IF NO Explain:	Size of Tank			
	Size of Talik			
The Type of License of Installer:	Number of Tanks			
☐ Master Plumber #				
□ Solid Fuel #	Distance from Tank to Center of Flame feet.			
Oil #	Cost of Work: \$			
Gas # PNT 1445				
Other	Permit Fee: \$			
Approved	Approved with Conditions			
Fire:	See attached letter or requirement			
Ele.:				
Bldg.:	Inspector's Signature Date Approved			
et of	Inspector's Signature Date Approved			
Signature of Installer				

Yellow - File

White - Inspection

Pink - Applicant's

Gold - Assessor's Copy

## DIAGRAM / SPECIAL NOTES:] Divorsey