

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-1204	Issue Date:	CBL: 386 B006001
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Location of Construction: 680 Auburn St	Owner Name: Viles Kenneth E Kw Vet &	Owner Address: 680 Auburn St	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: R-2
Proposed Use:	Proposed Use:		

Past Use: Single Family Home	Single Family Home /Replace 275 Gallon Tank.	Permit Fee: \$39.00	Cost of Work: \$1,350.00	CEO District: 5
Proposed Project Description: Replace 275 Gallon Tank.		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> <i>1993 BOCA Mechanical</i>	

Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Permit Taken By: idobson	Date Applied For: 08/18/2004	<b>Zoning Approval</b>	
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<b>Special Zone or Reviews</b> <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: <i>8/19/04</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input checked="" 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: <i>8/19/04</i>
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**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

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<b>Location of Construction:</b> 680 Auburn St	<b>Owner Name:</b> Viles Kenneth E Kw Vet &	<b>Owner Address:</b> 680 Auburn St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Dead River Company	<b>Contractor Address:</b> PO Box 467 Scarborough	<b>Phone</b> (207) 883-9515
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	

<b>Proposed Use:</b> Single Family Home / Replace 275 Gallon Tank.	<b>Proposed Project Description:</b> Replace 275 Gallon Tank.
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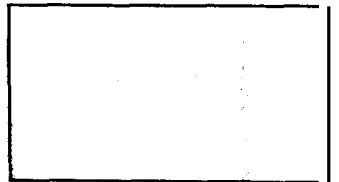
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 08/19/2004
<b>Note:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>		

<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 08/19/2004
<b>Note:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>		
1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules			



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



SFH 386 B 6

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 1080 AUBURN ST. Use of Building RES Date 8/16/14  
 Name and address of owner of appliance KENNETH AND MARCIA VILES  
1080 AUBURN ST. PORTLAND, ME.  
 Installer's name and address DEAD RIVER CO 73 PHEASANT HILL RD ROUBIN, ME.  
 Telephone 883-9575

**Location of appliance:**  
 Basement       Floor  
 Attic             Roof

**Type of Fuel:**  
 Gas       Oil       Solid

**Appliance Name:** 275 OIL TANK  
 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 # \_\_\_\_\_  
 Solid Fuel # \_\_\_\_\_  
 Oil # MS 20006017  
 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** REPLACEMENT OF 275 GALLON TANK

**Number of Tanks** 1

**Distance from Tank to Center of Flame** 18' feet.

**Cost of Work:** \$ 1,350.00

**Permit Fee:** \$ 39.00

Approved

Approved with Conditions

Fire: \_\_\_\_\_  
 Ele.: \_\_\_\_\_  
 Bldg.: \_\_\_\_\_

See attached letter or requirement

Signature of Installer David Cloutier - DEAD RIVER CO. \_\_\_\_\_  
 Inspector's Signature \_\_\_\_\_ Date Approved \_\_\_\_\_