389 Congress Street, 04101 Tel: (207) 874-870		3, Fax: (207) 874-871	n Permit No: Issue Date: 09-0504			388 H0	02001	
Location of Construction:	Owner Name:	Owner Name:		Owner Address:			Phone:	
62 ABBY LN	PHOTIADES	PHOTIADES KEVIN S & SHELL		62 ABBY LN			207-892-6744	
Business Name:	Contractor Name	e:		tor Address:			Phone	
	Main Gas		908 Roosevelt Trail Windham			2078926744		
Lessee/Buyer's Name	Phone:		Permit T					Zona:
	<u> </u>		Tanks - Dwellings Permit Fee: Cost of Work:			_		
Past Use:		Proposed Use: Single Family Home - Install 50 Gallon Gas Tank for Cooking		\$30.00	Cost of Wor	·k: \$0.00	CEO District:	
Single Family Home				EPT:		_		
		S			Approved	Use G	roup: <i>R</i> 3	Type:
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Proposed Project Description:						ST	ME	כרשו בו
Install 50 Gallon Gas Tank for Cooking			5			Signati		
			PEDEST	TRIAN ACT	'IVITIES DIS'	TRICT (AICT (P.A.D.) oved w/Conditions Denied	
			Action:	Appro	oved Ap	proved w		
			Signature:			Date:		
Permit Taken By: Imd		Zoning Approval						
			Zomig ripprovai					
		Special Zone or Reviews		Zoning Appeal			Historic Preservation	
		Shoreland	☐ Variance			Not in District or Landmark		
		$\begin{bmatrix} - \\ - \end{bmatrix}$		Miscellaneous			Does Not Require Review	
				Conditional Use			Requires Review	
False information may in permit and stop all work.	validate a building	Subdivision		Interpre	etation		Approved	
		Site Plan		Approv	red		Approved w/6	Conditions
		Maj Minor MM		Denied			Denied	
		Date: J~ 6/4/09 Date:		Б	Date: J			
0.011	PORTLAND							
I hereby certify that I am the of I have been authorized by the jurisdiction. In addition, if a pashall have the authority to entersuch permit.	owner to make this appl permit for work describe	ication as his authorized in the application is is	he propos d agent a ssued, I c	and I agree certify that	to conform the code of	to all a ficial's	pplicable laws authorized repr	of this esentative
SIGNATURE OF APPLICANT		ADDRES	S		DATE		РНО	NE
RESPONSIBLE PERSON IN CHAR	CE OF WORK TITLE				DATE		PHO	NE

Permit No: Date Applied For: CBL: City of Portland, Maine - Building or Use Permit 09-0504 05/26/2009 388 H002001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: 62 ABBY LN PHOTIADES KEVIN S & SHELLY 62 ABBY LN 207-892-6744 **Business Name:** Contractor Name: Contractor Address: Phone Main Gas 908 Roosevelt Trail Windham (207) 892-6744 Permit Type: Lessee/Buyer's Name Phone: Tanks - Dwellings **Proposed Project Description:** Proposed Use: Single Family Home - Install 50 Gallon Gas Tank for Cooking Install 50 Gallon Gas Tank for Cooking **Approval Date:** Reviewer: Tom Markley 06/04/2009 **Dept:** Zoning Status: Approved Ok to Issue: Note: 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that 06/04/2009 Dept: Building **Status:** Approved with Conditions Reviewer: Tom Markley **Approval Date:** Ok to Issue: Note:

1) The installation must comply with the State of Maine Gas Regulations.

2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.

Maine GAS
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Marks About

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

*	388 -	H-0	07	
		1	S	

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	Use of Building RFS Date 05-26-09
Name and address of owner of appliance Kever Photiade	
Installer's name and address MAINGAS 908 Riose	LAT TRAIL -MAIL
Windham ma cyol2	
Location of appliance:	Type of Chimney:
☐ Basement ☐ Floor	☐ Masonry Lined
☐ Attic ☐ Roof	Factory built
-2	
Type of Fuel: $26 200$	☐ Metal
Type of Fuel: Gas Gil Gas Spaint 2 6 2009	Factory Built U.L. Listing #
Appliance Name:	☐ Direct Vent
U.L. Approved Yes No	Type UL#
- 100 L	Турс ОС#
Will appliance be installed in accordance with the manufacture's	Type of Fuel Tank
installation instructions?	Oil
	Da Gas
IF NO Explain:	
	Size of Tank 50 GAC
The Type of License of Installer:	Number of Tanks/
☐ Master Plumber #	
□ Solid Fuel #	Distance from Tank to Center of Flame 2 5 feet.
Oil #	G . AW.)
Gas # MAIN 605	Cost of Work: \$
Other	Permit Fee: \$
Approved	Approved with Conditions
Fire:	☐ See attached letter or requirement
Ele.:	
Bldg.:	
<u> </u>	Inspector's Signature Date Approved
Signature of Installer Mainers	
White - Inspection Yellow - File Pi	nk - Applicant's Gold - Assessor's Copy

Maingas (Branch #17) Customer Site Plan

			New Account:		
USTOMER NAME:	Kevin Phot	indes	Existing Account:		
TREET ADDRESS:	62 MRRU	FORTHAND ME 0463			
OWN:	faction in				
	I STI LAND		Phone #: 6/5-9/30 Work #:		
ELIVERY INSTRUCTIONS:			HOIRF.		
ppliance(s) being installed:		Btu's:(2)Type:_			
	(3)Type:	Btu's: (4)Type:	Btu's:		
otal System (Btu) load:	Tonk Size: Co.		6.5		
ank/Regulator Information: dditional tank/reg. Info::	Tank Size. 30	Regulator(s): Twin	fst 2nd		
	pe:	Size:	Quantity:		
dditional piping information:			Sudmity.		
arts/Fittings information:	JUJ 1 17 PV R	LODAIN OF			
pecial tools required:					
ENTING					
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