

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 04-1208 | Issue Date: | CBL: 392 A017001 |
|-----------------------|-------------|---------------------|

| | | | |
|---|--|---|----------------------|
| Location of Construction: 215 Hope Ave | Owner Name: Stacey Scott R & | Owner Address: 215 Hope Ave | Phone: |
| Business Name: | Contractor Name: Fielding's Oil & Propane | Contractor Address: P.O. Box 364 Scarborough | Phone: 2078833194 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | Zone: 2-2 |

| | | | | |
|--|--------------------------------|--|---|--------------------|
| Past Use: single family | Proposed Use: single family | Permit Fee: \$30.00 | Cost of Work: \$25.00 | CEO District: 5 |
| Proposed Project Description: install a 100 lb propane cylinder | | FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> | INSPECTION: Use Group: <i>U</i> Type: <i>Heating</i> <i>State Gas Reg's</i> | |
| | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____ | | |

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|-----------------------------|---------------------------------|------------------------|--|
| Permit Taken By: dmartin | Date Applied For: 08/18/2004 | Zoning Approval | |
|-----------------------------|---------------------------------|------------------------|--|

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

| Special Zone or Reviews | Zoning Appeal | Historic Preservation |
|---|---|---|
| <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: _____ | <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: _____ | <input 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: _____ |

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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| Location of Construction: 215 Hope Ave | Owner Name: Stacey Scott R & | Owner Address: 215 Hope Ave | Phone: |
| Business Name: | Contractor Name: Fielding's Oil & Propane | Contractor Address: P.O. Box 364 Scarborough | Phone (207) 883-3194 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | |

| | |
|---------------------------------------|---|
| Proposed Use: single family | Proposed Project Description: install a 100 lb propane cylinder |
|---------------------------------------|---|

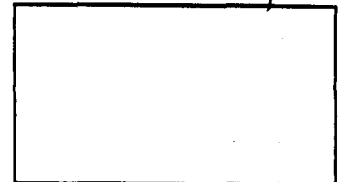
| | | | |
|---|---|-------------------------------|---|
| Dept: Zoning | Status: Approved | Reviewer: Tammy Munson | Approval Date: 08/19/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Building | Status: Approved with Conditions | Reviewer: Tammy Munson | Approval Date: 08/19/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) The tank must be situated so that they are NOT subject to vehicular traffic. | | | |



FILL IN AND SIGN WITH INK

392 A017

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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 215 Hope Ave. Portland, ME. Use of Building Residential Date 8-13-04
 Name and address of owner of appliance Fielding's oil CO. Inc. P.O. Box 364
Scarborough, ME. 04070-0364 "Scott Stacey owner of House"
 Installer's name and address William J. Fielding P.O. Box 364 Scarborough
ME. 04070-0364 Telephone (207) 883-3194

Location of appliance:

Basement Floor
 Attic Roof
 outside

Type of Fuel:

Gas Oil Solid
propane

Appliance Name: 100lb cyl (Propane)
 U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: N/A

The Type of License of Installer:

Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # # PNT3784
 Other _____

Type of Chimney:

Masonry Lined
 Factory built N/A

Metal
 Factory Built U.L. Listing # N/A

Direct Vent
 Type N/A UL# _____

Type of Fuel Tank

Oil
 Gas
propane

Size of Tank 100lb cyl (Propane)

Number of Tanks (1)

Distance from Tank to Center of Flame 10' + feet.

Cost Work \$25.00

Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

See attached letter or requirement

Signature of Installer William J. Fielding - TR C# 5171