

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

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

Permit No: 02-0942	Issue Date: <b>AUG 21 2002</b>	CEL: 394 A047001
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<b>Location of Construction:</b> 233 Summit St	<b>Owner Name:</b> Turner Stephen A &	<b>Owner Address:</b> 233 Summit St	<b>Page:</b> <b>CITY OF PORTLAND</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Dead River Company	<b>Contractor Address:</b> PO Box 467 Scarborough	<b>Phone:</b> 2078839515
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Past Use:</b> single family	<b>Proposed Use:</b> single family Heating permit replacing 275 gallon oil tank	<b>Permit Fee:</b> \$30.00	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 2
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <i>R3</i> Type: <i>SB</i>	

<b>Proposed Project Description:</b> replace 275 gallon oil tank	<b>Signature:</b>	<b>Signature:</b>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
<b>Signature:</b>	<b>Date:</b>	

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 08/21/2002	<b>Zoning Approval</b>		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	<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:	<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 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:
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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.

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SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_



# State of Maine

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

OIL AND SOLID FUEL BOARD

License# MS20006017

Be it known that: **RUSTY A COLE**

is qualified as required by Title 32 MRSA Chapter 33 and is licensed as

**MASTER**

**1 and 2 OILS UP TO 15 GPH**

ISSUE DATE

MAY 26, 2001

EXPIRATION DATE

MAY 26, 2002

FIRST LICENSED

JUL 24, 1997

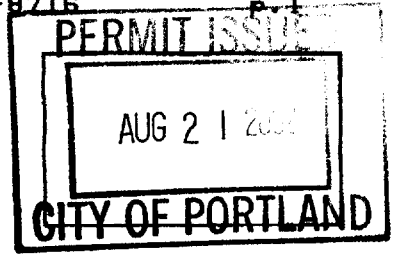
*Catherine Loring*

394-A047



FILL IN AND SIGN WITH INK

# 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 233 SUMMIT ST - PORTLAND, ME. Use of Building SINGLE RESIDENCE Date 8/21/02  
 Name and address of owner of appliance STEPHEN AND MARTHA TURNER  
233 SUMMIT ST. PORTLAND, MAINE  
 Installer's name and address DEAD RIVER CO. 73 PLEASANT HILL ROAD - SCARBOROUGH, MAINE  
 Telephone 883-5921-883-9525  
 FAX# 883-5921

**Location of appliance:**

- Basement
- Floor
- Attic
- Roof

**Type of Fuel:**

- Gas
- Oil
- Solid

Appliance Name: REPLACEMENT OF 275 GALLON VERTICAL 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 # MASTER MS20006017
- 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 275 GALLON

Number of Tanks 1

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

**Approved**

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

Signature of Installer

**Approved with Conditions**

- See attached letter or requirement