

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|---------------------------|---------------------|
| Permit No: 07-1125 | Issue Date: 09/13/2007 | CBL: 402 A020001 |
|-----------------------|---------------------------|---------------------|

| | | | |
|--|--|---|---------------------|
| Location of Construction: 30 GERTRUDE AVE | Owner Name: D A BRACKETT & CO INC | Owner Address: 84 COUNTRY LN | Phone: |
| Business Name: | Contractor Name: Dead River Company | Contractor Address: PO Box 467 Scarborough | Phone 2078839515 |
| Lessee/Buyer's Name | Phone: | Permit Type: Tanks - Dwellings | Zone: R3 |

| | | | | |
|---------------------------------|---|--|---|--------------------|
| Past Use: Single Family Home | Proposed Use: Single Family Home - install a 100 gallon propane tank | Permit Fee: \$30.00 | Cost of Work: \$30.00 | CEO District: 4 |
| | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R3 Type: LP TANK MPRA 58 Signature: JMB 9/13/07 | |

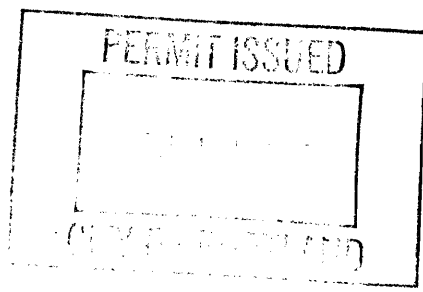
Proposed Project Description:
install a 100 gallon propane tank

Signature: _____
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

| | | |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By: ldobson | Date Applied For: 09/13/2007 | 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"/> Variance | <input checked="" type="checkbox"/> Not in District or Landmark |
| <input type="checkbox"/> Wetland | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Does Not Require Review |
| <input type="checkbox"/> Flood Zone | <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Requires Review |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Site Plan <i>OK</i> | <input type="checkbox"/> Approved | <input type="checkbox"/> Approved w/Conditions |
| Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> | <input type="checkbox"/> Denied | <input type="checkbox"/> Denied |
| Date: <i>JMB</i> | Date: _____ | Date: <i>JMB</i> |



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CERTIFICATION

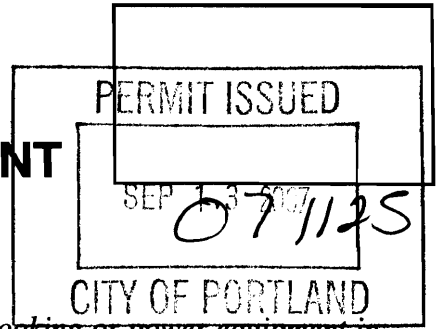
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 |



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 / CBL 402 A 20 Use of Building RESIDENCE Date 9-13-07

Name and address of owner of appliance
IMMIG BIRKETT 30 GERTRUDE ST

Installer's name and address DEAD RIVER COMPANY
73 PLEASANT HILL RD SCARBOROUGH Telephone 883-9515

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name:

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 # _____
- Gas # 1449
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
- Metal
Factory Built U.L. Listing # _____
- Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas propane

Size of Tank 100 GALLON

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ _____

Permit Fee: \$ _____

Approved

Approved with Conditions

Fire: _____

Ele.: _____

Bldg.: _____

- See attached letter or requirement

Signature of Installer DEAD RIVER COMPANY by [Signature] Inspector's Signature _____ Date Approved _____