389 Congress Street, 04101 Tel: (207) 874-8703 Location of Construction: Owner Name:				Owner Address:		Ph	one:		
73 Ray St Peters Stephen			M		22 Littlejohn Rd			1	
Business Name: Contractor Name				Contractor Address: - PURILA 590 Bonney Eagle Road Standish Permit Type: HVAC			Phone Zone:		
n/a Stramph, Thor			ıas						
Lessee/Buyer's Name Phone: n/a n/a			Permi						
			HV						
Past Use: Proposed Use:		Permit F		it Fee:	Cost of Work:	CEO D	District:		
Single Family Single Family			Heating Sy	/stem	\$30.00 \$0.00			2	
		FIRE		Approved Denied INSPECTION: Use Group: Type:					
Proposed Project Descripti	on:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				つ <i>l</i> /		
Install Heating System	l				Signature: Signature:			need Att	
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied				
			Signa		iture:		Date:	Date:	
Permit Taken By:	1	Date Applied For:			Zoning Approval				
gg		08/13/2001	Special Zone or Reviews		Zon	ing Appeal	His	storic Preservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland Wetland		☐ Variance ☐ Miscellaneous			☐ Not in District or Landmark ☐ Does Not Require Review		
Building permits do not include plumbing, septic or electrical work.						☐ Do			
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			Flood Zone		Condit	Conditional Use Requires Review		equires Review	
			Subdivision		☐ Interpretation ☐		☐ A _I	pproved	
			Site Plan		Approved		☐ A _I	pproved w/Conditions	
			Maj Minor MM		☐ Denied		De	Denied	
			Date:		Date:		Date:		
I hereby certify that I a I have been authorized jurisdiction. In additionshall have the authority such permit.	by the o	wner to make this appl rmit for work describe	med prope ication as h d in the app	is authorized ager dication is issued,	nt and I agree , I certify tha	e to conform to t the code offic	all applica	able laws of this rized representative	
				· · · · ·					



Signature of Installer

White - Inspection

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

TE	Res		
	MIC 2	٠,	
4		**** / / / / / / / / / / / / / / / / /	

accordance with the Laws of Maine, the Building Code of th	all the following heating, cooking or power equipment in the City of Portland, and the following specifications: of Building 1- 100 Date 8-8-0
Name and address of owner of appliance _5+eve fettre	73 Ray Street
Installer's name and address Thomas Strumph Standish, ME 04084	590 Bohny Fagle hoad
Location of appliance: Basement Floor Attic Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Oil Solid	☐ Metal Factory Built U.L. Listing #
Appliance Name: No No	Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type of Fuel Fank Oil Gas
	Size of Tank 275
The Type of License of Installer: Master Plumber # Solid Fuel # Oil #W 5 1 0 00 1 8 3 4 8	Number of Tanks Distance from Tank to Center of Flame feet.
☐ Gas #	30.00
Approved Fire: Ele.: Bldg.:	Approved with Conditions ☐ See attached letter or requirement

Pink - Applicant's

Gold - Assessor's Copy

Yellow - File



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

	PERMIT ISSUE
	AUG 2 n nam
CI	Y OF PORTLAN

accordance with the Laws of Maine, the Building Code of th	of Building Jun Faw Date 8-8-01
Location of appliance: Basement Floor Attic Roof Type of Fuel: Gas Oil Solid Appliance Name: Yes No Will appliance be installed in a cordance with the manufacture's installation instructions? Yes No IF NO Explain: Master Plumber # Solid Fuel # Oil # M 5 000 83 8 Gas # Other	Type of Clamney: Masonry Lined Factory built Metal Factory Built U.L. Listing #
Fire: Ele.:	Approved with Conditions See attached letter or requirement

White - Inspection

Bldg.:

Signature of Installer

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy