City of Portland, Mair 389 Congress Street, 0410 Location of Construction: 593 WASHINGTON AVE Business Name:	01 Tel: (207) 874-8703 Owner Name:	, Fax: (207) 874-871		02/05/2007	428 B014001
593 WASHINGTON AVE Business Name:			Owner Address:		
Business Name:	O'DONNELL				Phone:
		GREGORY P SR &	593 WASHINGTO	ON AVE	
	Contractor Name	Contractor Name:		Contractor Address:	
	Dead River Co	Dead River Company		PO Box 467 Scarborough	
Lessee/Buyer's Name	Phone:		Permit Type: HVAC		Zone:
Past Use:	Proposed Use:		Permit Fee:	Cost of Work: C	EO District:
2 Family Home	2 Family Hom	2 Family Home - replacement boiler		\$5,795.00	4
install new basement		il Mclain boiler in	FIRE DEPT: Approved INSPECTION: Use Group: Use Group: U		· · · · · · · · · · · · · · · · · · ·
Proposed Project Description: replacement boiler install no	pasement	Signature: PEDESTRIAN ACTI	V Signature VITIES DISTRICT (P.4	Ar -	
			Action: Approv	ed Approved w/Co	onditions — Denied
			Signature:	Ε	Date:
Permit Taken By: Idobson	Date Applied For: 02/05/2007		Zoning	Approval	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Revie	ws Zonin	ng Appeal	Historic Preservation
		Shoreland	🗌 Variance		Not in District or Landma
2. Building permits do not include plumbing, septic or electrical work.		Wetland	Miscella	neous	Does Not Require Review
•	oid if work is not started			onal Use	Requires Review
False information may invalidate a building permit and stop all work		Subdivision		ation	Approved
		🔲 Site Plan V		ed 🗌	Approved w/Conditions
DEDMIT		Maj Minor MM	Denied	[Denied
PERMIT	5 2007	Date: 2 5 07	Date:	Dat	e: 2/5/07

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	
	VER EQUIPMENT FEB - 5 2007 O7.0/23
accordance with the Laws of Maine, the Building Code of the Location / CBL <u>593 Washington Avi</u> Name and address of owner of appliance <u>Avy Dyper</u> <u>593 Washington Avi</u> , Port Installer's name and address <i>Duard Piver</i> Compa	Use of Building <u>Mentice</u> Date <u>2/5/07</u>
Location of appliance: Basement I Floor Attic I Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel: Gas Gas Jiance Name: Dui H Coil Solid U.L. Approved Yes No	 Metal Factory Built U.L. Listing # Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes INO	Type of Fuel Tank Oil Gas
	Size of Tank
Image: Master Plumber # Master Plumber # Image: Solid Fuel # Solid Fuel # Image: Solid Fuel # Oil # Image: Solid Fuel # Gas # Image: Solid Fuel # Oil # Image: Solid Fuel # Gas # Image: Solid Fuel #	Number of Tanks Distance from Tank to Center of Flame Cost of Work: \$
<u>Approved</u> Fire: Ele.:	Approved with Conditions See attached letter or requirement
Bldg.:	Inspector's Signature Date Approved Date Approved Date Approved Date Approved Date Approved Date Approved Date Approved