

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

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

Permit No: 09-1237	Issue Date:	CBL: 434 C001001
-----------------------	-------------	---------------------

Location of Construction: 331 VERANDA ST	Owner Name: PENOBSCOT BAY MEDICAL AS	Owner Address: PO BOX 9746	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Commercial	Zone: R-7

Past Use: Commercial- Connected w/ #090308	Proposed Use: Commercial - Medical Office - Install (1) thousand gallon propane tank for temp heat	Permit Fee: \$35.00	Cost of Work: \$35.00	CEO District: 4
Proposed Project Description: Install (1) thousand gallon propane tank for temp heat		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: LP TANK NFPASS Signature: JMB 11/20/09	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Ldobson	Date Applied For: 11/02/2009	<b>Zoning Approval</b>
-----------------------------	---------------------------------	------------------------

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: <i>11/4/09</i>	<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: _____
--	--	---	---

## 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.

PERMIT ISSUED

NOV 20 2009

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland

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

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

<b>Permit No:</b> 09-1237	<b>Date Applied For:</b> 11/02/2009	<b>CBL:</b> 434 C001001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 331 VERANDA ST	<b>Owner Name:</b> PENOBSCOT BAY MEDICAL AS	<b>Owner Address:</b> PO BOX 9746	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Dead River Company	<b>Contractor Address:</b> PO Box 467 Scarborough	<b>Phone</b> (207) 883-9515
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Tanks - Commercial	

<b>Proposed Use:</b> Commercial - Medical Office - Install (1) thousand gallon propane tank for temp heat	<b>Proposed Project Description:</b> Install (1) thousand gallon propane tank for temp heat
--	--

<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 11/04/2009	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 11/20/2009	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) Tanks shall meet all requirements of NFPA 58				
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 11/09/2009	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) The tank shall be well marked and labeled accordingly.				
2) Permit is good for temporary placement of tank according to site plan.				

PERMIT ISSUED

NOV 20 2009

City of Portland





FILL IN AND SIGN WITH INK

PERMIT ISSUED

NOV 20 2009

City of Portland

# 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 \_\_\_\_\_ Use of Building \_\_\_\_\_ Date 11-2-09  
 Name and address of owner of appliance PIZZAGALLI CONSTRUCTION % MARTIN'S POINT HEALTH CARE  
331 VERANDA STREET  
 Installer's name and address DEAD RIVER CO. 73 PLEASANT HILL RD  
SCARBOROUGH, ME 04074 Telephone 883-9515

### Location of appliance:

- Basement
- Floor
- Attic
- 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 # \_\_\_\_\_
- Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
Factory built \_\_\_\_\_

- Metal  
Factory Built U.L. Listing # \_\_\_\_\_

- Direct Vent  
Type \_\_\_\_\_

### Type of Fuel Tank

- Oil
- Gas

Size of Tank ONE (TWO) GALLON

Number of Tanks FOUR

Distance from Tank to Center of Flame + 50 feet.

Cost of Work: \$ - 0 -

Permit Fee: \$ 35

RECEIVED

temp Heat

NOV - 2 2009

Dept. of Building Inspections  
City of Portland Maine

### Approved

### Approved with Conditions

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

See attached letter or requirement

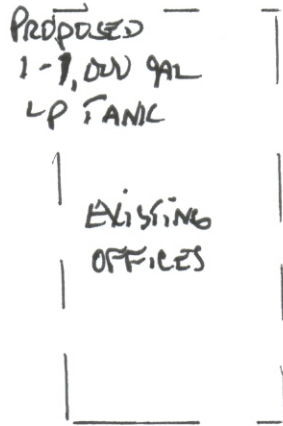
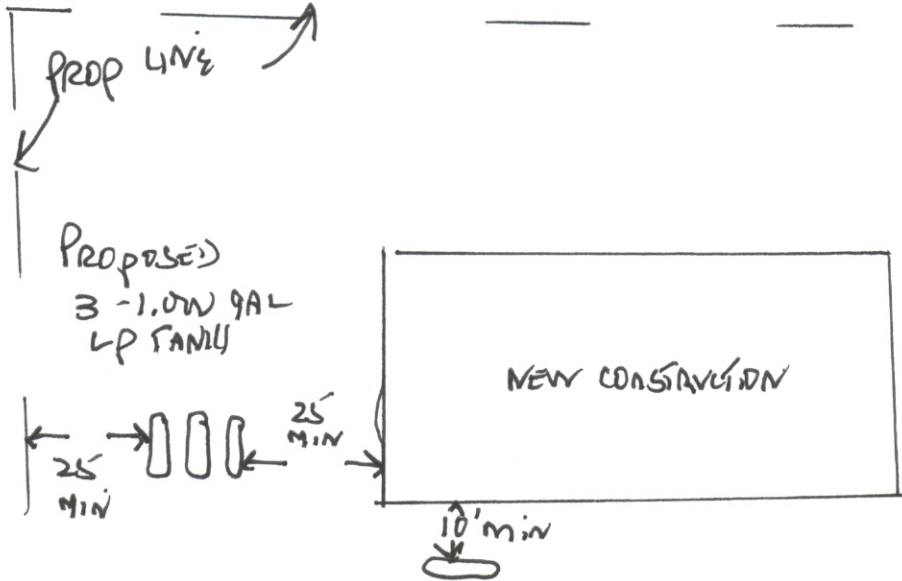
Ele.: \_\_\_\_\_

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

Signature of Installer DEAD RIVER CO. BY [Signature] Inspector's Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

White - Inspection    Yellow - File    Pink - Applicant's    Gold - Assessor's Copy

Pizzagalli Construction Co.  
40 MARTIN'S POINT HEALTH CARE  
331 VERANDA ST  
PORTLAND



VERANDA ST



