

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                              |                    |                            |
|------------------------------|--------------------|----------------------------|
| <b>Permit No:</b><br>09-1237 | <b>Issue Date:</b> | <b>CBL:</b><br>434 C001001 |
|------------------------------|--------------------|----------------------------|

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

|  |  |   |                                       |                           |
|--|--|---|---------------------------------------|---------------------------|
| <b>Past Use:</b><br>Commercial- Connected w/ #090308   | <b>Proposed Use:</b><br>Commercial - Medical Office - Install (1) thousand gallon propane tank for temp heat | <b>Permit Fee:</b><br>\$35.00   | <b>Cost of Work:</b><br>\$35.00       | <b>CEO District:</b><br>4 |
| <b>Proposed Project Description:</b><br>Install (1) thousand gallon propane tank for temp heat                         |  | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>Use Group: Type |                           |
|  |  | Signature:  | Signature:                            |                           |
| <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>   |  |   |                                       |                           |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied |  |   |                                       |                           |
| Signature: Date:   |  |   |                                       |                           |

|                                    |  |                        |  |  |
|------------------------------------|--|------------------------|--|--|
| <b>Permit Taken By:</b><br>Ldobson | <b>Date Applied For:</b><br>11/02/2009 | <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.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>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><br><input type="checkbox"/> Shoreland<br><br><input type="checkbox"/> Wetland<br><br><input type="checkbox"/> Flood Zon<br><br><input type="checkbox"/> Subdivision<br><br><input type="checkbox"/> Site Plan<br><br>Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><br><input type="checkbox"/> Miscellaneous<br><br><input type="checkbox"/> Conditional Us<br><br><input type="checkbox"/> Interpretatio<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Denied | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landma<br><br><input type="checkbox"/> Does Not Require Revie<br><br><input type="checkbox"/> Requires Review<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Approved w/Condition<br><br><input type="checkbox"/> Denied |
|  | Date:  | Date:  | 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.

|   |         |      |     |
|---|---------|------|-----|
| SIGNATURE OF APPLICAN                     | ADDRESS | DATE | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT |         | DATE | PHO |

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

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ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO