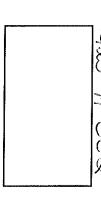
PHONE	DATE		RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
PHONE	DATE	ADDRESS	SIGNATURE OF APPLICANT
	Padda provide the state of the		SIGNATURE OF ARM SOLVE
al's authorized representative n of the code(s) applicable to	certify that the code officiand of the code officiand of the provision of the provision of the code of	I in the application is issued, I ch permit at any reasonable h	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.
/ the owner of record and that all applicable laws of this	osed work is authorized by and I agree to conform to a	med property, or that the properties agent	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
		CERTIFICATION	
		Canada de la canad	
Date:	Date:		
Denied	Denied	Maj	
Approved w/Conditions	Approved	Site Plan	
Approved	Interpretation	Subdivision	False information may invalidate a building permit and stop all work
Requires Review	Conditional Use	☐ Flood Zone	3. Building permits are void if work is not started within six (6) months of the date of issuance.
Does Not Require Review	Miscellaneous	☐ Wetland	<ol><li>Building permits do not include plumbing, septic or electrical work.</li></ol>
Not in District or Landmar	☐ Variance	Shoreland	Applicant(s) from meeting applicable State and Federal Rules.
Historic Preservation	Zoning Appeal	Special Zone or Reviews	1. This permit application does not preclude the
	Zoning Approval		dmartin Date Applied For:
Date:	ure:	Signature:	
Approved w/Conditions Denied	Approved	Action:	
Signature M. S. 1 22 16	AN ACRIVITIES	Signature:(	set 3 /1000 gal tanks above gound
<b>)</b>			Proposed Project Description:
1 2	`	5	
Use Group:	Approved U	, i.e.	
!	9.00 \$2,00	set 3 /1000 gal tanks	commercial Commercial s
CEO District:	t Fee: Cost of Work:	Permit Fee:	Past Use: Proposed Use:
F PORTLAND Zone:	DANGE OF THE	Permit Ty	Lessee/Buyer's Name Phone:
2078839515	Contractor Address: RUV PO Box 467 Scarborough	mpany	Business Name: Contractor Name:  Dead River Company
Phone:	Owner Address: Po Box 403	Owner Name: Owner Presumpscot Street Properties Llc Po B	struction:
MIT ISS #25 (A00200)	68	Tel: (207) 874-8703, Fax: (207) 874-8716	04101
CBL:	Permit No: Issue Date:		City of Portland, Waine - Building or Ice



## HEATING OR POWER EQUIPMENT APPLICATION FOR PERMIT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications: The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in

Bldg.:	Fire: Approved  Fire:	The Type of License of Installer:    Master Plumber #	Will appliance be installed in accordance with the manufacture's installation instructions?  \( \text{Yes} \)  \( \text{NO} \) No  IF \( \text{NO} \) Explain:	Type of Fuel:  Gas Gil Solid  Appliance Name:  U.L. Approved Gives Gino	Location of appliance:   Basement Floor  Attic Roof	Name and address of owner of appliance FRRY ADE NEWSON HOS RELIGION NE OHID INSTANCES DEND BIVELL COMPANY  Installer's name and address DEDD BIVELL COMPANY  THE RESERVE OF THE OHID SOURCESTON ON THE OHID SO
Pink - Applicant's Gold - Assessor's Copy  Date Approved	Approved with Conditions  See attached letter or requirement	Number of Tanks / PRE   Feet   Distance from Tank to Center of Flame   FREE   feet   Cost of Work: S 2,000 9 Permit Fee: S	Type of Fuel Tank  O Oil  A Gas  Size of Tank 3 - 1, COO 93.10N 93X=6.80UND	PODI	Type of Chimney:  ☐ Masonry Lined  Factory built	Use of Building Commercial Date 11-7-2005

City of Portland, M	City of Portland, Maine - Building or Use Permit	ermit	Permit No:	Date Applied For:	CBL:
389 Congress Street, 0	389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716	Fax: (207) 874-8716	05-1668	11/14/2005	425 A002001
Location of Construction:	Owner Name:	0	Owner Address:		Phone:
125 Presumpscot St	Presumpscot St	Presumpscot Street Properties Llc P	Po Box 403		
Business Name:	Contractor Name:	C	Contractor Address:		Phone
	Dead River Company		PO Box 467 Scarborough	ough	(207) 883-9515
Lessee/Buyer's Name	Phone:	Pe	Permit Type:	THE STATE OF THE S	
, A. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		7	Tanks - Commercial		
Proposed Use: Commercial set 3 /1000 gal tanks above gound	gal tanks above gound	Proposed set 3/1(	Proposed Project Description: set 3 /1000 gal tanks above gound	pound	
	dispulse a success of the				
Dept: Zoning Note:	Status: Approved	Reviewer:	Reviewer: Jeanine Bourke	Approval Date: Ok	ite: 11/22/2005 Ok to Issue: 🗹
Dept: Building	Status: Approved	Reviewer:	Reviewer: Jeanine Bourke	Approval Date:	e: 11/22/2005
Note:	de es			0	Ok to Issue: 🔽
Dept: Fire Note:	Status: Approved with Conditions		Reviewer: Cptn Greg Cass	Approval Date:	ite: 11/17/2005
1) Install to comply with NFPA 58	ATED A SO				