

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-1269	Issue Date: OCT 21 2003	CBL: 409 B003001
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Location of Construction: 129 Ray St	Owner Name: Bernard Barry W &	Owner Address: 129 Ray St	Phone:
Business Name:	Contractor Name: Dead River Company	Contractor Address: PO Box 467 Scarborough	Phone: 2078839515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: single family	Proposed Use: single family - replace 275 gallon oil tank	Permit Fee: \$39.00	Cost of Work: \$1,300.00	CEO District: 2
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Proposed Project Description: replace 275 gallon oil tank	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>[Signature]</i> Type: <i>Heating</i> <i>BOLM Mechanical</i> Signature: <i>[Signature]</i>
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: tmm	Date Applied For: 10/16/2003	<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. 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: _____	<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: _____
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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 SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

PERMIT ISSUED  
OCT 21 2003

CITY OF PORTLAND

409 3003

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 129 AAY ST. PORTLAND Use of Building SINGLE RES Date 10/6/03  
Name and address of owner of appliance BARRY BERNARD

Installer's name and address DEAD RIVER CO.  
73 PLEASANT HILL RD. # Telephone 883-9515  
SCARBOROUGH, ME

**Location of appliance:**

- Basement
- Attic
- Floor
- 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 # MS200006017
- Gas # \_\_\_\_\_
- Other \_\_\_\_\_

**Type of Chimney:**

- Masonry Lined  
Factory built \_\_\_\_\_
- Metal  
Factory Built U.L. Listing # \_\_\_\_\_
- Direct Vent  
Type \_\_\_\_\_ UL# \_\_\_\_\_

**Type of Fuel Tank**

- Oil
- Gas

Size of Tank REPLACEMENT OF  
275 GALLON

Number of Tanks 1

Distance from Tank to Center of Flame 8 feet.

Cost of Work: \$ 1300.00

Permit Fee: \$ 39.00

**Approved**

**Approved with Conditions**

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

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

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

- See attached letter or requirement

Signature of Installer Barry Bernard Dead River Co. Inspector's Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

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Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: single family - replace 275 gallon oil tank	Proposed Project Description: replace 275 gallon oil tank
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Dept: Zoning	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				

Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 10/16/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				

1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules