

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

Permit No: 07-1284	Issue Date:	CBL: 003 F016001
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Location of Construction: 33 Vesper St	Owner Name: Beebe Robert W &	Owner Address: 68 Shaker Rd	Phone:
Business Name: Powell Heating Services	Contractor Name: Powell Heating Services	Contractor Address: 115 Spring Valley Rd. Portland	Phone 2075767412
Lessee/Buyer's Name	Phone: 576-7412	Permit Type: HVAC	Zone:

Past Use: Two Family	Proposed Use: Single Family, Install Gas Direct Vent Heating System	Permit Fee: \$110.00	Cost of Work: \$8,500.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: _____ Type
Proposed Project Description: Install Gas Direct Vent Heating System		Signature: _____		Signature: _____
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: gg	Date Applied For: 10/12/2007	Zoning Approval		
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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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <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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Dept: Zoning	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
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