Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	I	Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1727			013 D01	0001
Location of Construction: Owner Name						Owner Address:			Phone:		
13 ANDERSON ST			WEILAND CATHERINE & ANDRE			13 ANDERSON ST					
Business Name: Contractor				ntractor Name: I Aspects Plumbing & Heating		Contractor Address:			Phone		
						PO Box 10462 Portland			207632285	57	
Lessee/Buyer's Name Phone:						Permit Type:				Zone:	
						Н	VAC				
Past Use: Proposed Use:						Permit Fee: Cost of Work:		ork: (CEO District:		
Res	sidential 3 unit		Residential 3 u	ınit install a NTI-		\$84.00		\$7,0	00.00	1	
			Triuity TI/50 in basem		ement		RE DEPT:	Approved	INSPEC	TION:	
								Denied	Use Gro	oup:	Type
	posed Project Description:										
Ins	tall a NTI- Truiity TI/50 ii	n baseme	nt			Signature: Sign			Signatur		
						PEDESTRIAN ACTIVITIES DISTRICT			TRICT (P	(P.A.D.)	
						Ac	tion: Appro	oved Ap	proved w/	Condition	Denied
						Sig	nature:			Date:	
Peri	mit Taken By:	Date A	pplied For:							Dute.	
	nartin	11/30					Zoning	g Approva	1		
				Special Zone or Review		ews	ws Zoning Appeal			Historic Preservation	
1.	 This permit application does not preclude Applicant(s) from meeting applicable State Federal Rules. 			Shoreland		☐ Variance] [☐ Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		☐ Miscell	Miscellaneous		☐ Does Not Require Revie		
3.				☐ Flood Zon		Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved	
			Site Plan			Approved			Approved w/Condition		
				Maj Minor MM		Denied			☐ Denied		
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit for	o make this appli r work described	med procation a	as his authorized application is iss	ne pr l age	ent and I agree, I certify that t	to conform he code offi	to all app cial's aut	olicable laws of horized repres	of this sentative
SIC	GNATURE OF APPLICAN				ADDRES	<u> </u>		DATI		ום	HO
510	ATTIONS OF ALTSICAL				ADDICES	•		DAII	_		.10

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:
13 ANDERSON ST	WEILAND CATHERINE & ANDRE	13 ANDERSON ST	
Business Name:	Contractor Name:	Contractor Address:	Phone
	All Aspects Plumbing & Heating	PO Box 10462 Portland	2076322857
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		HVAC	

12/13/2005 Dept: Zoning Status: Approved Reviewer: Jeanine Bourke **Approval Date:** Ok to Issue: Note: **Building Status:** Approved with Conditions Jeanine Bourke **Approval Date:** 12/13/2005 Dept: Reviewer: Ok to Issue: ✓ Note: 1) The installation must comply with the State of Maine Gas Regulations. Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 12/07/2005 Ok to Issue: Note: 1) Install to comply with NFPA 54

Comments:

11/30/2005-dmartin: Took permit app in on the 28th, explained that we could not process this without installation specs. I was told that he would have them here on the 29th ... They still have not been submitted/ 11/30 dm

12/07/2005-Idobson: Submitted additional information 12/07/2005 took off hold and routed to Fire

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO