City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716							Issue Dat	e:	CBL:		
						04-0161					013 I020001
Location of Construction: Owner Name:				O.		Owi	Owner Address:			Phone:	
43 Washington Ave Bartlett Island I				Llc 6		67	India St				
Business Name: Contractor Nam						Con	tractor Addres	ss:		Phone	
Mechanical Ser				rvices,	Inc	400 Presumpscot St Portland			207774153	31	
Lessee/Buyer's Name Phone:						Peri	mit Type:			.	Zone:
						HVAC					
Past Use: Proposed Use:					Permit Fee: Cost of Work			rk:	CEO District:		
				Shop Install Trane			\$129.00	\$11,8	25.00	1	
Natural Gas he building				ater on	Roof of			Approved	INSPE	CTION:	•
								Denied	Use Gr	se Group: Type	
								Demed			
Proj	posed Project Description:										
Ret	tail/ Coffee Shop Install Tra	ane Natı	ıral Gas heater o	n Roof of building		Signature: Si		Signatu	gnature:		
						PED	ESTRIAN ACT	IVITIES DIST	TRICT ((P.A.D.)	
						Action: Approved Approved w				/Condition	
						Signature:				Date:	
Peri	mit Taken By:	Date A	pplied For:							Dutc.	
	obson	02/26			Zoning Approval						
				Special Zone or Reviews			ws Zoning Appeal			Historic Pres	ervation
1.				Shoreland			_			☐ Not in District or Landn	
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		☐ Miscellaneous			Does Not Require Revie		
3.	3. Building permits are void if work is not started			☐ Flood Zon		☐ Conditional Us			Requires Rev	view	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM ☐			☐ Interpretatio			Approved		
						☐ Approved			Approved w/Condition		
						Denied			☐ Denied		
				Date:			Date:		D	Date:	
I ha juris shal	reby certify that I am the o we been authorized by the o sdiction. In addition, if a p Il have the authority to ento uch permit.	owner to ermit fo	o make this appli r work described	med procation a	as his authorized application is is	ne pr d age sued,	ent and I agree I certify that t	to conform the code office	to all ap cial's au	oplicable laws of thorized representations.	of this sentative
SIG	SNATURE OF APPLICAN				ADDRES	S		DATE	3	P	НО

43 Washington Ave Bartlett Island Llc 67 India St Business Name: Contractor Name: Contractor Address: Phone Mechanical Services, Inc 400 Presumpscot St Portland 2077741531 Lessee/Buyer's Name Phone: Permit Type:	Contractor Name: Contractor Address: Phone Mechanical Services, Inc 400 Presumpscot St Portland 2077741531	Location of Construction:	Owner Name:	Owner Address:	Phone:
Mechanical Services, Inc 400 Presumpscot St Portland 2077741531	Mechanical Services, Inc 400 Presumpscot St Portland 2077741531 Phone: Permit Type: Zone:	43 Washington Ave	Bartlett Island Llc	67 India St	
	Phone: Permit Type: Zone:	Business Name:	Contractor Name:	Contractor Address:	Phone
Lessae/Ruyar's Name Phone Parmit Type 7			Mechanical Services, Inc	400 Presumpscot St Portland	2077741531
Ecssed Buyer's Ivame I none.	HVAC	Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
HVAC				HVAC	
Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 03/05		No.4a.	11		Ola to Torres

Dept:	Zoning	Status:	Approved	Reviewer:	Marge Schmuckal	Approval Date:	03/05/2004	
Note:						Ok t	o Issue: 🔽	
Dept:	Building	Status:	Approved with Conditions	Reviewer:	Mike Nugent	Approval Date:	03/09/2004	
Note:						Ok t	o Issue: 🔽	
1) Not penetrating the apartment separation according to Bryce Leblanc/Installer.								
D (.	Γ'	C4 - 4	D 1'	D. '	L.M.D. 1	A 1D. 4	02/00/2004	
Dept:	Fire	Status:	Pending	Reviewer:	Lt. MacDougal	Approval Date:	03/08/2004	
Note:						Ok t	o Issue: 🗹	

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