City of Portland, M	Iaine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:
389 Congress Street, 0	Fax: (207) 874-8	3716	2013-02090			017 G007001		
Location of Construction:		Owner Name:	Owner Address:				Phone:	
37 FORE ST		MONTFORT HOUSING LIMITED PARTNERSHIP		PO BOX 3879 PORTLAND, ME 04104				
Business Name:		Contractor Name:		Contractor Address:				Phone
Munjoy South		Pine State Services Inc info@pinestateservices.com		184 Main Street, Suite 1C South Portland ME 04106			(207) 949-9248	
Lessee/Buyer's Name		Phone:		Permit Type: HVAC				Zone: R6
Past Use:		Proposed Use:			nit Fee:	CEO District:		
140 Dwelling units in 2	9 buildings	Same: 140 Dwelling units in 29 buildings		INSP	\$1,580.00 \$156,000.00 INSPECTION:			1
Proposed Project Description				1				
HVAC Install multiple Lochinvar Knight Boilers in			all buildings.					
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied			
	Signature:					ate:		
ermit Taken By: Date Applied For:				Zoning Approval				
bjs 09/16/2013				<u> </u>				
This permit application does not preclude the			Special Zone or Reviews		Zon	Zoning Appeal		Historic Preservation
Applicant(s) from 1 Federal Rules.	neeting applic	eable State and	Shoreland		☐ Varian	☐ Variance [		Not in District or Landman
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscel	Miscellaneous [		Does Not Require Review
3. Building permits an within six (6) mont	hs of the date	of issuance.	☐ Flood Zone ☐ Subdivision		Condit	Conditional Use		Requires Review
False information r permit and stop all	•	a building			Interpr			Approved
			Site Plan		Appro	ved		Approved w/Conditions
			Maj Minor MM		Denied	☐ Denied		Denied
			Date:		Date:	Date:		Date:
I hereby certify that I am I have been authorized b jurisdiction. In addition shall have the authority such permit.	y the owner to , if a permit fo	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agre aed, I certify tha	e to conform to at the code office	all app cial's aut	licable laws of this thorized representative
SIGNATURE OF APPLICANT			ADDI	RESS		DATE	PHONE	