City of Portland, M	aine - Buil	ding or Use	Permi	t Application	n Permit No:	Issue Date	<del></del>	CBL:	
•	O	7) 874-8703, Fax: (207) 874-871					024 D001001		
<b>Location of Construction:</b>		Owner Name:			Owner Address:			Phone:	
160 FOX ST		FRANKLIN & SOMERSET PORT			550 BOWIE ST				
Business Name:  Lessee/Buyer's Name		Contractor Name:			Contractor Address:			Phone	
		Merrimack Valley Corp			20 Aegean Dr. Unit # 11 Methuer			n 9786890224	
		Phone:		Permit Type:			Zone:		
					HVAC				137
Past Use:		Proposed Use:			Permit Fee:	Cost of Wor	rk:	: CEO District:	
Commercial - Whole Foods		Commercial in	nstall he	ating cooling	\$4,710.00	\$469,0	71.00	1.00	
		systems roof/ attic. Installing 8-10 Commercial Kitchen Hood Systems.				INSPEC	INSPECTION:		
				Denied		Use Group:			
								,	
					NEDE	196	III	nc Jein	3
Proposed Project Description	n:			_	NEPE		Ì		
Install heating cooling systems roof/ attic & Kitchen					Signature: (occo Chee Sig			enature: Although	
				PEDESTRIAN ACTIVITIES DISTRIC			CT (P.A.D.)		
					Action: Approved Approve			d w/Conditions Denied	
				Signature:			Date:		
Permit Taken By:		pplied For:			Zoning Approval				
dmartin 08/30/2006								<del></del>	
1. This permit applica	preclude the			ews Zoning Appeal			Historic Preservation		
Applicant(s) from n Federal Rules.	cable State and			☐ Variance			Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Misc.	Miscellaneous		Does Not Require Review	
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			Flood Zone		Conditional Use			Requires Review	
			Subdivision		Interpretation			Approved	
			│ □ Si	te Plan	Appr	oved		Approved w	/Conditions
DEDLOS				Minor MM	Date:			Denied Date:	
PERMIT ISSU			Date: 9/10/01						
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I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	y the owner to if a permit fo	o make this appli or work describe	med proication a	as his authorize application is is	he proposed work d agent and I agre ssued, I certify th	ee to conform at the code of	to all ap ficial's a	oplicable laws outhorized rep	of this resentative
SIGNATURE OF APPLICANT				ADDRES	DATE		<u> </u>	PHONE	
RESPONSIBLE PERSON IN	CHARGE OF W	ORK TITLE				DATE		PHC	