389 Congress Street, 0	4101 Tel:	(207) 874-8703	3, Fax:	(207) 874-871	6	03-0156	1446		027 B0	04001	
Location of Construction:					Owner Address: MAR 1 ()		2003	Phone:			
39 Congress St Metropolitan				L 429 Flmwood Rd							
		Contractor Name			Contractor Address TV OF PORTLA			RTT AME	Phone		
n/a Darling Lessee/Buyer's Name Phone:		<u> </u>	ımbing & Heating		27 Vannah Ave Portland			Cratt	2077739525 Zong		
n/a n/a										18	
Past Use: Proposed Use					Dorm	nit Fee:	Cost of Wo	rk: (CEO District:	 	
		1 -	Family / Install gas direct		\$30.00				1		
vent heating		vent heating sy	Apts Hor commerce		Denied Us			INSPEC	SPECTION: e Group: A H Type:		
Install Heating System					Signature: JANY 7			Signatur	Signature W		
						PEDESTRIAN ACTIVITIES DISTRIC					
						on: Appro	ved Ap	proved w/C	w/Conditions Denied		
					۵.	E		•			
Permit 'TakenBy: Date Applied For:					Sign	Signature: Date:					
gg		3/2003		Zoning Approval							
			Special Zone or Revie		ws	s Zoning Appeal			Historic Preservation		
1 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			☐ Variance		F !	Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous		į	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		Г 	Requires Review		
			☐ Su	ubdivision		[] Interpretation			Approved		
			☐ Si	ite Plan		Approve	ed	[Approved w/	Conditions	
			Mai Minor MM			Denied		[}	Denied for water Tate: Cay mes A Se		
			Date:	7/5/03		Date:		5a	ie: Cigha	usa Sq	
					_				Ceste	W.	
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the owner to if a permit f	o make this appli or work describe	med proication and in the	as his authorized application is is	e pro l ager	nt and I agree, I certify that	to conform the code of	to all ap ficial's au	plicable laws 1thorized rept	of this resentative	
SIGNATURE OF APPLICAN	IGNATURE OF APPLICANT			ADDRESS	3	DATE			PHONE		

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

5/2/03 Compliled.