

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                              |                    |                            |
|------------------------------|--------------------|----------------------------|
| <b>Permit No:</b><br>06-0235 | <b>Issue Date:</b> | <b>CBL:</b><br>027 F006001 |
|------------------------------|--------------------|----------------------------|

|  |  |   |                            |
|--|--|---|----------------------------|
| <b>Location of Construction:</b><br>16 MONUMENT SQ | <b>Owner Name:</b><br>MCCURTAIN BRADLEY C          | <b>Owner Address:</b><br>15 MONUMENT SQ               | <b>Phone:</b>              |
| <b>Business Name:</b>                              | <b>Contractor Name:</b><br>Als HVAC Sale & Service | <b>Contractor Address:</b><br>110 Cottage St Lewiston | <b>Phone</b><br>2077826336 |
| <b>Lessee/Buyer's Name</b>                         | <b>Phone:</b>                                      | <b>Permit Type:</b><br>HVAC                           | <b>Zone:</b>               |

|  |   |   |   |                           |
|--|---|---|---|---------------------------|
| <b>Past Use:</b><br>Commercial   | <b>Proposed Use:</b><br>Commercial/ install a direct vent Aqua Star in basement | <b>Permit Fee:</b><br>\$39.00   | <b>Cost of Work:</b><br>\$1,330.95                        | <b>CEO District:</b><br>1 |
| <b>Proposed Project Description:</b><br>install a direct vent Aqua Star in basement                                    |   | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>Use Group                      Type |                           |
|  |   | Signature:  | Signature:  |                           |
| <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>   |   |   |   |                           |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied |   |   |   |                           |
|  |   | Signature:  | Date:   |                           |

|                                    |  |                        |  |  |
|------------------------------------|--|------------------------|--|--|
| <b>Permit Taken By:</b><br>Idobson | <b>Date Applied For:</b><br>02/16/2006 | <b>Zoning Approval</b> |  |  |
|------------------------------------|--|------------------------|--|--|

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| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>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.. | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><br><input type="checkbox"/> Wetland<br><br><input type="checkbox"/> Flood Zon<br><br><input type="checkbox"/> Subdivision<br><br><input type="checkbox"/> Site Plan<br><br>Ma <input type="checkbox"/> Mino <input type="checkbox"/> M <input type="checkbox"/> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><br><input type="checkbox"/> Miscellaneous<br><br><input type="checkbox"/> Conditional Us<br><br><input type="checkbox"/> Interpretati<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Denied | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landma<br><br><input type="checkbox"/> Does Not Require Revie<br><br><input type="checkbox"/> Requires Review<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Approved w/Condition<br><br><input type="checkbox"/> Denied |
|  | Date:  | Date:   | Date:  |

**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.

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|                       |         |      |     |
|-----------------------|---------|------|-----|
| SIGNATURE OF APPLICAN | ADDRESS | DATE | PHO |
|-----------------------|---------|------|-----|

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|   |      |     |
|---|------|-----|
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | DATE | PHO |
|---|------|-----|

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|  |   |                                 |                                  |   |
|--|---|---------------------------------|----------------------------------|---|
| <b>Dept:</b> Zoning                                | <b>Status:</b> Pending                  | <b>Reviewer:</b>                | <b>Approval Date:</b>            | <b>Ok to Issue:</b> <input type="checkbox"/>            |
| <b>Note:</b>                                       |   |                                 |                                  |   |
| <b>Dept:</b> Building                              | <b>Status:</b> Pending                  | <b>Reviewer:</b> Mike Nugent    | <b>Approval Date:</b> 03/13/2006 | <b>Ok to Issue:</b> <input type="checkbox"/>            |
| <b>Note:</b>                                       |   |                                 |                                  |   |
| <b>Dept:</b> Fire                                  | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Cptn Greg Cass | <b>Approval Date:</b> 02/24/2006 | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| <b>Note:</b>                                       |   |                                 |                                  |   |
| 1) Provide details on seperation from Fire escape. |   |                                 |                                  |   |

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO