Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	te:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1625			028 1005	5001
Location of Construction: Owner Name			Owner Name:			Owner Address:			Phone:		
96 Federal St			Kibbee Mary A Trustee Of Taro			436 Ocean Ave					
Business Name: Cont			Contractor Name:			Contractor Address:			Phone		
			Sheldon Goldn	Sheldon Goldman			31 Peary Terrace So Portland			207799621	1
Lessee/Buyer's Name Phone:						Permit Type:				Zone:	
				HVAC							
Past Use: Proposed Use:						Permit Fee: Cost of Work:		ork: (CEO District:		
con	nmercial residential 6 unit	s	commercial res	sidential 6 units install eating system ame footprint		\$66.00		\$5,0	00.00	1	
			Weil Mclain he			FIRE DEPT:		Approved	INSPEC	SPECTION:	
			replacement sa					Denied	Use Grou		Type
	posed Project Description:			=							
ins	tall a Weil Mclain heating	g system i	replacement sam			Ŭ ,		Signatur	<u> </u>		
						PEDESTRIAN ACTIVITIES DISTRICT (P.			.A.D.)		
						Action: Approved Approved w/Condition Denied				Denied	
						Sign	nature:			Date:	
Peri	mit Taken By:	Date A	pplied For:			- T					
	nartin		3/2004		Zoning Approval				1		
				Spec	ial Zone or Revi	ews	ws Zoning Appeal			Historic Preservation	
1.	This permit application does not preclude Applicant(s) from meeting applicable State Federal Rules.			Shoreland			☐ Variance			☐ Not in District or Landn	
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous		[Does Not Require Revie			
3.				☐ Flood Zon		Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			☐ Subdivision ☐ Site Plan			☐ Interpretatio		[Approved		
						Approved			Approved w/Condition		
			Maj Minor MM [☐ Denied			Denied		
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	owner to permit fo	o make this appli r work described	med procession a	as his authorized application is is	ne pro d age sued,	nt and I agree I certify that the	to conform he code offi	to all app cial's aut	plicable laws of horized repres	of this sentative
SIG	NATURE OF APPLICAN				ADDRES	S		DATI	Ε	P	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction	Owner Name:	(Owner Address:	Phone:		
96 Federal St	Kibbee Mary A Trus	stee Of Taro	436 Ocean Ave			
Business Name:	Contractor Name:	(Contractor Address:		Phone	
	Sheldon Goldman		31 Peary Terrace So Portl	and	2077996211	
Lessee/Buyer's Name	Phone:	F	Permit Type: HVAC		Zone	e:
Dept: Zoning Note: per 1955 director	Status: Approved bry - legal use is 6 residential D.U.	Reviewer:	Marge Schmuckal	Approval Date	: 11/02/20 Ok to Issue:	_
1,000 per 1995 direct	ry legal use is o residential D.C.				ok to issue.	
Dept: Building	Status: Approved with Conditi	ons Reviewer:	Mike Nugent	Approval Date		
		ons Reviewer:	Mike Nugent	Approval Date		004
Dept: Building Note:			C	Approval Date	: 11/02/20 Ok to Issue:	004
Dept: Building Note:	Status: Approved with Conditi	nical Code and Stat	te of Maine Oil and Solid	Approval Date	: 11/02/20 Ok to Issue: s and Rules	004 2
Dept: Building Note: 1) Installation shall con	Status: Approved with Conditional Mechanisms	nical Code and Stat	te of Maine Oil and Solid	Approval Date (Fuel Board Law Approval Date	: 11/02/20 Ok to Issue: s and Rules	004

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO