389 Congress Street, 04101			04-0862 Issue Date:	032 E010001
Location of Construction:	Owner Name:		wner Address:	Phone:
46 Market St	Tiberii Thoma		6 Market St	
Business Name:	Contractor Name	e: Co	ontractor Address:	Phone
	conley enterpr	rises 3:	3 Pismire Mtn Rd Raymond	2076552890
Lessee/Buyer's Name	Phone:		rmit Type: HVAC	Zone: B-3
Past Use:	Proposed Use:		ermit Fee: Cost of Work:	CEO District:
Commercial	1 -	replace and repair	\$222.00 \$18,500.	
			ONE DEPART	NSPECTION:
	Heatinge	equip mul	Approved	Jse Group: Type:
Proposed Project Description:				
replace and repair within exist	ng footprint.	si,	gnature: UM. S	ignature:
in 10 n c	1 and + T	TUITC' FE	DESTRIAN ACTIVITIES DISTR	
Aviance	A COLOR	1/10	ction: Approved Appro	ved w/Conditions Denied
Dermot A	ng footprint. POICATU	(M) ////////////////////////////////////	gnature:	Date:
Permit Taken By:	Date Applied For: 06/24/2004	1	Zoning Approval	
This permit application do	es not preclude the	Special Zone or Reviews	Zoning Appeal	Historic Preservation
Applicant(s) from meeting Federal Rules.		Shoreland	☐ Variance	☐ Not in District or Landma
2. Building permits do not in septic or electrical work.	clude plumbing,	Wetland	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
		Site Plan	Approved	Approved w/Conditions
_		Maj Minor MM	Denied	Any extensor
		Date: 7/14/04	Date:	Date: War K Legund
200	nh			Date: Work require
	* *	Market in a		
		CERTIFICATION		
I hereby certify that I am the ow I have been authorized by the o jurisdiction. In addition, if a pe shall have the authority to enter such permit.	wner to make this applermit for work describe	ication as his authorized ag d in the application is issue	gent and I agree to conform to ed, I certify that the code offic	all applicable laws of this ial's authorized representative

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

7	The undersigned	hereby ap	plies for a	permit to	install the	following he	eating, cod	oking or power	r equipment	in
accorda	nce with the Lav	vs of Main	e, the Buil	ding Code	of the Cit	y of Portland	d, and the	following spec	rifications:	

Location / CBL 32 E 10	Use of Building BAV/RESTUVANT Date 6/23/04					
Name and address of owner of appliance						
Installer's name and address	- 33 PISMINA MTN Rd, RAYMOND, MR Telephone 207 65 2890 0407					
Location of appliance: Basement Floor Chiling - hang Attic Roof Form	Type of Chimney: Masonry Lined Factory built					
Type of Fuel: Gas Oil Solid	☐ Metal Factory Built U.L. Listing #					
U.L. Approved Ves No	Direct Vent Type PVC + BVKV UL#					
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type of Fuel Tank Oil Gas 23					
II IN Explain.	Size of Tank					
The Type of License of Installer: Master Plumber #	Number of Tanks					
□ Solid Fuel # □ Oil # □ Gas # PN T / 725 □ Other	Distance from Tank to Center of Flame feet. Cost of Work: \$\frac{18,50000}{9}\$ Permit Fee: \$\frac{192000}{9}\$					
Fire:Ele.:	Approved with Conditions ☐ See attached letter or requirement					
Signature of Installer Man Conlag	Inspector's Signature Date Approved 6/23/04					
White - Inspection Yellow - File I	Pink - Applicant's Gold - Assessor's Copy					