City of Portland, Maine - Building or Use Permit Application				Permit No: Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (2	,	, Fax: (207) 874-8		2014-00246		036 H019001	
Location of Construction:  67 FOREST AVE  AVESTA 409  LP		CUMBERLAND	307	Owner Address: 307 CUMBERLAND AVE PORTLAND, ME 04101		Phone:	
Business Name:	Contractor Name: Ranor Mechanical pauline@ranormech.com		Contractor Address: PO Box 5036 North Jay ME 04262			Phone (207) 645-5109	
Lessee/Buyer's Name	Phone:		Permit Type: HVAC			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
57 residential dwelling units under construction	Same: 57 residunits	Same: 57 residential dwelling units		\$680.00 \$66,000.00 4  NSPECTION:			
Proposed Project Description:			_				
HVAC; new roof top unit and boiler. ERV Energy Heat Recovery Equip &	ers.	rs. PEDESTRIAN ACTIVITIES DISTRICT		(P.A.D.)			
	Action: Approved Approved w/C			ed w/Conditions Denied			
Permit Taken By: Date Ap	oplied For:	Signature:			Date:		
_	5/2014	Zomig Approvai					
This permit application does not	Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landman	
2. Building permits do not include properties or electrical work.	Wetland		Miscella	nneous	Does Not Require Review		
3. Building permits are void if work within six (6) months of the date	Flood Zone			onal Use	Requires Review		
False information may invalidate a building permit and stop all work		Subdivision		Interpre	tation		
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authord in the application	at the rized a is issu	proposed work in agent and I agreed aled, I certify that	to conform to the code offici	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE