City of Portland, Maine - Building or Use Permit Application					Per	rmit No:	Issue Dat	e:	CBL:			
	Congress Street, 04101		O				05-1389			037 C01	7001	
Location of Construction: Owner Name:					Ov		r Address:			Phone:		
				DINT DEVELOPMENT		PO B	3OX 6799					
Business Name: Contractor N				ne:		Contr	actor Addres	s:		Phone		
			W H Demmon	S		93 W	arren Ave P	ortland		207797746	58	
Less	see/Buyer's Name		Phone:			Permit Type:				1	Zone:	
						HVAC						
Past	t Use:		Proposed Use:		<u>-</u>	Permit Fee: Cost of Work:			rk:	CEO District:		
_			_	stall a C	Carrier Gas unit		\$228.00	\$22,5	42.00	1		
			on roof				DEPT:	Approved	THERE		- I	
						<u> </u>		Denied	Use Grou		Type	
Proj	posed Project Description:											
inst	tall a Carrier Gas unit on r	oof				Signature: Signature			ıre:			
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)		
						Action: Approved Approved Approved				ed w/Condition Denied		
										_		
		1		ı		Signature:				Date:		
	mit Taken By:		pplied For:			Zoning Approval						
100	obson	09/22		G	:-17 D	7						
1.	This permit application does not p		•	Special Zone or Review		ews	ews Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable Federal Rules.			eable State and	State and Shoreland		☐ Variance			Not in District or Landm			
2.	2. Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			Does Not Require Revie		
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 Zon		Conditional Us			Requires Review				
			☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM		☐ Interpretatio			Approved				
					Approved			Approved w/Condition				
					☐ Denied			Denied				
				Date:			Date:		D	Date:		
I ha juris shal	reby certify that I am the vector of the vector of the soliction. In addition, if a place of the soliction of the authority to entire the soliction of the solic of the	owner to	o make this appli r work described	med procession a	as his authorized application is iss	ne prop d agent sued, I	t and I agree certify that t	to conform he code offi	to all ar cial's au	oplicable laws of otherized repres	of this sentative	
to si	uch permit.											
SIG	NATURE OF APPLICAN				ADDRES	S		DATI	Ξ	P	НО	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:		Owner Address:	Phone:		
545 CONGRESS ST	CONGRESS JOINT DE	EVELOPMENT	PO BOX 6799			
Business Name: Contractor Nam			Contractor Address: Phon		one	
	W H Demmons	W H Demmons		20779774	58	
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:	
			HVAC			

Dept:	Zoning	Status: Approved	Reviewer:	Jeanine Bourke	Approval Date:	11/02/2005
Note:					Ok t	o Issue: 🔽
Dept: Note:	Building	Status: Approved	Reviewer:	Jeanine Bourke	Approval Date: Ok t	11/02/2005 o Issue: ✓
Dept: Note:	Fire	Status: Approved	Reviewer:	Jay Kelley	Approval Date: Ok t	10/28/2005 o Issue: ✓

Comments:

09/19/2005-ldobson: MJN spoke with WH Demmons and told them that they needed to provide us with Engineers letter certifying that the roof can hold load and additional information on unit

10/28/2005-ldobson: dropped addtional information took off hold and put w/fire

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	РНО	
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	РНО	