City of Por	tland, Maine	e - Buil	ding or Use 1	Permit Applicat	ion	Pe	ermit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 87						2	2013-01741			038 D015001	
Location of Construction: Owner Name:					Owner Ac		Address:	_ <del>-</del>		Phone:	
82 FREE ST			CUMBERLAND COUNTY RECREATION CENTER			1 CIVIC CENTER SQ PORTLAND, ME 04101					
Business Name:			Contractor Name:			Contractor Address:				Phone	
cumberland County Civic Center			New England Tech Air mcurtis@newenglandtechair.com			16 Manson Libby Road Scarborough ME 04074				(207) 347-7577	
Lessee/Buyer's	lame	Phone:	one:		Permit Type:				Zone:		
						Hood Systems, Commerical				В3	
Past Use:			Proposed Use:		Permit Fe		Fee:	Cost of Work:		CEO District:	
Cumberland County Civic Center			Same:Cumber Center	land County Civic	INSP	EC'	\$70.00 \$0.0 CTION:		80.00	2	
Proposed Project	_										
Install Kitchen duct											
				PEDESTRIAN ACTIVITIES DISTRICT (P  Action: Approved Approved Approved					nditions Denied		
					S	ign	ature:		Da	ate:	
Permit Taken By: Date Applied For:					Zoning Approval						
bjs											
1. This per	Special Zone or Ro	Special Zone or Reviews			g Appeal		<b>Historic Preservation</b>				
Applicant(s) from meeting applicable Strederal Rules.			able State and	Shoreland			☐ Variance		Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.				☐ Wetland		Miscella	Miscellaneous		Does Not Require Review		
within si	permits are voice (6) months of	of issuance.	Flood Zone			Conditional Use			Requires Review		
	ormation may ind stop all work.		a building	Subdivision			☐ Interpretation			Approved	
				Site Plan			Approve	d	Approved w/Conditions		
	Maj Minor MM			Denied			Denied				
Dat				Date:			Date:		Date:	Date:	
I have been a jurisdiction.	thorized by the n addition, if a p	owner to permit fo	make this appl r work describe	ication as his authored in the application	at the rized a is issu	proage	ent and I agree l, I certify that	to conform to a	all app al's aut	wner of record and tha licable laws of this thorized representative the code(s) applicable to	
SIGNATURE C	F APPLICANT			ADDR	RESS	DATE				PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE