| | y of Portland, Maine | | U | | | Pe | ermit No: 08-0003 | Issue Dat | e: | CBL: | | |
|--------------------------------|---|-----------|--|-------------------------------------|---|--|-----------------------------------|---------------------------|--------------------------|-------------------------------------|-------------------|--|
| 389 | Congress Street, 04101 | 1 Tel: (2 | 207) 874-8703, | Fax: (2 | 207) 874-8716 | | 08-0003 | | | 047 A02 | 20001 | |
| | | | Owner Name: DASSA MARTIN B & ROCHELLE | | | Owner Address: 5 COTTONWOOD LN | | | Phone: | | | |
| Business Name: | | | Contractor Name: Gabriel P & H | | | Contractor Address: PO Box 2795 Portland | | | Phone 207797343 | Phone 2077973437 | | |
| | | | Phone: | | | Permit Type: HVAC | | | | Zone: | | |
| Past Use: 2 Family Residential | | | Proposed Use: 2 Family Resid | lential - install a Baxi | | Permit Fee: \$120.00 | | Cost of Wo | | CEO District: | | |
| | | | Luna Boiler in basement | | Approved | | INSPECTION: Use Group: Type | | Type | | | |
| _ | posed Project Description: tall a Baxi Luna Boiler in l | | | | | Signature: Sig | | | Signatur | ignature: | | |
| | | | | | | PEDESTRIAN ACTIVITIES DISTRIC | | | | | | |
| | | | | | Action Approved Appr | | | proved w | roved w/Condition Denied | | | |
| | | <u> </u> | | T | | Signa | | | | Date: | | |
| | mit Taken By: obson | | pplied For: 8/2007 | | | Zoning Approval | | | | | | |
| 1. | | | preclude the | Special Zone or Rev | | iews Zoning Appeal | | | Historic Preservation | | | |
| | Applicant(s) from meeting applicable State and 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. | 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 | | | ☐ Interpretatio | | | Approved | | |
| | | | | Site Plan | | | Approved | | | Approved w/Condition | | |
| | | | | Maj [| Mino MM | | ☐ Denied | | | ☐ Denied | | |
| | | | | Date: | | | Date: | | Da | ate: | | |
| I ha juris shal | reby certify that I am the ve been authorized by the sdiction. In addition, if a ll have the authority to en uch permit. | owner to | o make this appl or work described | amed pro ication a d in the a | as his authorized application is iss | ne prop d agen sued, I | t and I agree to certify that the | to conform to code office | to all ap | plicable laws of thorized repres | of this sentative | |
| SIG | NATURE OF APPLICAN | | | | ADDRES | S | | DATE | <u> </u> | P | НО | |
| | | | | | | | | | | | | |

| Location of Construction: 747 CONGRESS ST (rear) | | Owner Name: DASSA MARTIN B & ROCHELLE | | Owner Address: 5 COTTONWOOD LN | Pho | Phone: | |
|---|-----------|--|----------|---|------------------------|-------------------------|--|
| Business Name: | | Contractor Name: Gabriel P & H | | Contractor Address: PO Box 2795 Portland | | Phone 2077973437 | |
| Lessee/Buyer's Name | | Phone: | | Permit Type: HVAC | | Zone | |
| Dept: Zoning Note: | Status: A | pproved | Reviewer | Ann Machado | Approval Date: Ok t | 01/02/200 o Issue: ✓ | |

Reviewer:

Tammy Munson

01/02/2008

Ok to Issue:

Approval Date:

1) The installation must comply with the State of Maine Gas Regulations.

Dept:

Note:

Building

Status: Approved with Conditions

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 |
| RESPONSIBLE PERSON IN CHARGE OF WORK. 111 | DATE | PHO | |