City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						mit No: 09-0662	Issue Date:		CBL: 048 C00	CBL: 048 C001001	
Loc	ation of Construction:	Owner Name:	Owner Name:		Owner Address:			Phone:			
142 GRANT ST Business Name:		Contractor Nan	BAGLEY MANAGEMENT INC		14 CHARLONATE DR Contractor Address:				207-651-2188 Phone		
			James B Humphrey, Sr			432 Shaker Road Gray			2076572188		
		Phone:	Phone:		Permit Type: HVAC				Zone:		
Past Use: Six MultiUnit Residential				Residential - Install		\$80.00		ost of Work: CE \$800.00			
		(AFTER THE	(AFTER THE FACT) Slant/Fin Boiler		Approved			NSPECTION: Jse Group: Type			
Proposed Project Description: Install (AFTER THE FACT) Slant/Fin Boiler						Signature:		Signature:			
						PEDESTRIAN ACTIVITIES DISTR			RICT (P.A.D.)		
					Action Approved Approv			roved w	ved w/Condition Denied		
					Signatu	ure:			Date:		
_		Date Applied For: 06/23/2009	Zoning Approval				l				
1.	This permit application do	oes not preclude the	Spec	ial Zone or Revi	ews	Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting Federal Rules.	g applicable State and	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.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a permit and stop all work		alidate a building	a building Subdivision Site Plan			☐ Interpretatio			Approved		
					Approved		ed		Approved w/Condition		
			Maj [Mino MM	☐ Denied				☐ Denied		
			Date:			Date:		D	ate:		
I ha juri: shal	reby certify that I am the ow we been authorized by the o sdiction. In addition, if a pe Il have the authority to enter uch permit.	wner to make this appli rmit for work described	med procession a	as his authorized application is iss	ne prope l agent sued, I d	and I agree t certify that th	o conform t se code offic	o all ap cial's au	plicable laws thorized repre	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRESS	<u> </u>		DATE		P	но	
				122120	-		212		•	-	

Location of Construction: 142 GRANT ST	Owner Name: BAGLEY MANAGEMEN	Owner Name: BAGLEY MANAGEMENT INC		Owner Address: 14 CHARLONATE DR		
Business Name:	Contractor Name:		Contractor Address:	207-651-2188 Phone 2076572188		
	James B Humphrey, Sr		432 Shaker Road Gray			
essee/Buyer's Name	Phone:		Permit Type: HVAC		1	Zone:
Dept: Zoning State	tus: Approved with Conditions	Reviewer:	Marge Schmuckal	Approval Dat	te: 06/	/24/2009
Note:					Ok to Issu	e: 🔽
 This is NOT an approval fo limited to items such as sto 			•		_	
limited to items such as sto 2) This property shall remain a approval.	ves, microwaves, refrigerators, of a six (6) family dwelling. Any chaved on the basis of plans submitted	r kitchen sink ange of use sh	s, etc. Without special ap all require a separate perr	pprovals. mit application fo		
limited to items such as stoThis property shall remain a approval.This permit is being approvious.	ves, microwaves, refrigerators, on a six (6) family dwelling. Any change of the basis of plans submitted.	r kitchen sink ange of use sh	s, etc. Without special ap all require a separate perr ations shall require a separate	pprovals. mit application fo	efore starti	
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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.

DEGRONGINI E DEDGON IN CHARGE OF WORK THE		DATE	DILO
SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО