Cit	y of Portland, Maine	- Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389	Congress Street, 04101	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-02583		053 B017001	
	ation of Construction: 5 GRANT ST	Owner Name: BK PROPERT	Owner Name: BK PROPERTIES LLC		r Address: BOX 6149 FAL )5	Phone:		
Business Name:		Coastal Tech I	Contractor Name: Coastal Tech Heating marcol@maine.rr.com		actor Address: okosis Road Bio	Phone (207) 282-2330		
Less	ee/Buyer's Name	Phone:	Phone:		Permit Type: HVAC		Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	_
Fou	ur residential dwelling units	Same: four resunits	Same: four residential dwelling units		\$130.00 \$11,000.0 PECTION:		000.00 4	
HV	posed Project Description:  AC installing Rinnai ES38 aters in all 4 units.	Heater & Rinnai R75i	tankless water	PEDE	STDIAN ACTIVI	ries district	(PAD)	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.I  Action: Approved Approved w/v			ved w/Conditions Denied	
				S	ignature:		Date:	
Permit Taken By: Date Applied For: bjs 11/19/2013				Zoning Approval				
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews  Shoreland  Wetland		Zoni	<b>ng Appeal</b> e	Historic Preservation  Not in District or Land	lmaı
2.	Building permits do not in septic or electrical work.	Miscella			aneous	Does Not Require Rev	iew	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zone		Condition	onal Use	Requires Review	
	False information may investigate permit and stop all work	Subdivision		Interpre	tation	Approved		
			Site Plan		Approve	ed	Approved w/Condition	ıs
			Maj Minor MM		_ Denied		Denied	
			Date:		Date:		Date:	
I ha juris shal	reby certify that I am the over the description of the condition. In addition, if a pell have the authority to entern permit.	owner to make this applermit for work describe	lication as his authord in the application	nat the rized a is issu	proposed work in agent and I agreed and, I certify that	e to conform to t the code offic	all applicable laws of this cial's authorized representation	tive
SIG	NATURE OF APPLICANT		ADD	RESS		DATE	PHONE	
RES	SPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE	PHONE	