City of Portland, Maine - Bu	n Per	rmit No:	Issue Date:	CBL	:			
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871				03-0048		06	1 D004001	
ocation of Construction: Owner Name:			Owne	Owner Address:			Phone:	
384 Spring St	Nowicki Edwa	384	384 Spring St					
Business Name: Contractor Name Thayer Corpo			Contr	Contractor Address:			e	
		ration	29 Hampshire Street Portland			207	2077824197	
Lessee/Buyer's Name	Phone:					Zone: IZ-4-		
Past Use: Proposed Use:			Perm	it Fee:	Cost of Work:	CEO Dist	rict:	
Singly Amily only				\$30.00 \$30.00 3			Туре:	
Proposed Project Description:		fuse permit						
Install Central Air Conditioning Sy permit Application and IS R4	tun has	been abandr	Sigría PEDE Actio	STRIAN ACT	VITIES DISTRICT	ature: Γ (P.A.D.) w/Condition	s Denied	
and 15 ft	pired.		Signa	ture:		Date:		
3	Applied For: /22/2003	1/24/08	2	Zoning	Approval			
1. This permit application does n	ot preclude the	Special Zone or Revie	ews	Zoni	ng Appeal	Histor	ic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review		
 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 Zone		Conditional Use		Requires Review		
		Subdivision	Interpretation		Approved			
		. 🗌 Site Plan		🗌 Арргоче	ed		oved w/Conditions	
		Maj 🗌 Minor 🗌 MM	1 1. Tor			Denie Ang C	xterior wo	
~		Date: 2 1 74	13	Date:		Date: Fey	review	
Sca	nu							

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE	

Fill IN AND S	ign with Ink					
APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT						
accordance with the Laws of Maine, the Building Code of th Location <u>3</u> <u>B</u> ⁴ <u>Joring</u> <u>J</u> ⁴ . Use Name and address of owner of appliance <u>Dr. Edwart</u> <u>No</u> <u>3</u> <u>8</u> ⁴ <u>Joring</u> <u>J</u> ⁴ . <u>Portiond</u> Installer's name and address <u>THAYBR</u> <u>LipRP</u> <u>(1</u> <u>29</u> <u>Hampshire</u> <u>J</u> ⁴ . <u>Auburn</u> <u>ME</u>	of Building RES . Date $1-22-03$ with: DAN LEGERE-confact) 042/0 Telephone $7B2-4/197$					
Location of appliance: Basement I Floor Attic Roof	Type of Chimney: Not Applicable (N/A) Masonry Lined Factory built					
Type of Fuel: Image: Constrained Image: Gas Image: Oil Appliance Name: CARR/ER CENTRAL U.L. Approved Yes No AIR CONDITIONING	 Metal Factory Built U.L. Listing # Direct Vent Type UL# 					
Will appliance be installed in accordance with the manufacture's installation instructions? 2 Yes D No	Type of Fuel Tank Gas					
The Type of License of Installer: Master Plumber #	Size of Tank					
Approved Fire:	Approved with Conditions See attached letter or requirement nk - Applicant's Gold - Assessor's Copy					