

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0831	Issue Date:	CBL: 066A B021001
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Location of Construction: 45 ROBERTS ST	Owner Name: DILLON BRIAN D & LUCY B DILL	Owner Address: 45 ROBERTS ST	Phone:
Business Name:	Contractor Name: Fournier Brothers Mechanical	Contractor Address: 85 Oakdale Street Portland	Phone: 2072524222
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Two Family Residential	Proposed Use: Two Family Residential - Install Ruud Condensing Direct Vent Gas Furnace.	Permit Fee: \$130.00	Cost of Work: \$10,500.00	CEO District: 3
Proposed Project Description: Install Ruud Condensing Direct Vent Gas Frunace.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied		
		Signature:	Date:	

Permit Taken By: lmd	Date Applied For: 08/05/2009	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 08/06/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. 2) This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval. 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 08/10/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The installation must comply with the State of Maine Gas Regulations.			

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