Cit	y of Portland, Maine	- Buildi	ing or Use Pe	ermit A	Application		Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 04101	Tel: (20	07) 874-8703,	Fax: (2	207) 874-8716		05-1755			068 B01	2001
Location of Construction: Own			Owner Name:			Owner Address:			Phone:	Phone:	
91 ST JOHN ST			GREATER PORTLAND TRANSIT D			89 ST JOHN ST					
Business Name: Cor			Contractor Nam	ne:		Co	ntractor Address	S:		Phone	
			Thayer Corpor	Thayer Corporation			100 Hotel Rd. Au	207782419	2077824197		
Lessee/Buyer's Name Phone:						Permit Type:				•	Zone:
						H	IVAC				
Past	t Use:		Proposed Use:			Permit Fee: Cost of Work:			rk:	CEO District:	7
_			Commercial/in	nstall a make-upair &		\$1,263.00		\$137,9	20.00	2	
			fans gas unit(s) on roof		of	FIRE DEPT:		Approved	INSPECTION:		
								Use G	e Group: Type		
							_				
	posed Project Description:										
ins	tall a make-upair & fans g	as unit(s)	on roof			- U			gnature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (T (P.A.D.)	
						Action: Approved Approved				d w/Condition Denied	
						G.				Data	
	** # D	ln	1. 1.5			515	gnature:			Date:	
	mit Taken By: obson	12/05/	oplied For:	Zoning Approval							
				Special Zone or Revi		ews Zoning Appeal				Historic Preservation	
1.	1 11 1					_			_		
	Applicant(s) from meeting Federal Rules.	ng appuca	able State and	Shoreland		Variance			Not in District or Landm		
2.	Building permits do not include plumbing, septic			Wetland		Miscella	Miscellaneous		Does Not Require Revie		
2	or electrical work.	1:0 1					☐ Conditional Us			Requires Review	
3.	Building permits are voice within six (6) months of			☐ Flood Zon ☐ Subdivision		☐ Interpretatio			Approved		
	False information may in										
	permit and stop all work.		a canang			merpretatio					
				☐ Si	te Plan		☐ Approv	ed		Approved w	Condition (
				Maj ☐ Minor☐ MM		Denied			Denied		
				Date:	Date:		Date:		D	Date:	
					CERTIFICATIO						
	reby certify that I am the o										
	we been authorized by the sdiction. In addition, if a p										
	Il have the authority to ent										
	uch permit.			- P-11				p. 0 ,		(c) u p	1
SIC	SNATURE OF APPLICAN				ADDRES	2		DATE	7	ומ	HO
310	MATURE OF APPLICAN				ADDRES	J		DATE	5	PI	.10

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:		Owner Name:		Owner Address:		Phone:	
91 ST JOHN ST		GREATER PORTLAND TRANSIT D		89 ST JOHN ST			
Business Name:		Contractor Name:		Contractor Address:		Phone	
		Thayer Corporation		1400 Hotel Rd. Auburn		2077824197	
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:
				HVAC			
-							
Dept: Zoning	Status:	Approved	Reviewer	: Tammy Munson	Approval Date	e: 12/	15/2005
Dept: Zoning Note:	Status:	Approved	Reviewer	: Tammy Munson		e: 12/2	_
			Reviewer	: Tammy Munson			
Note:	y the use of t					Ok to Issue	

Reviewer: Cptn Greg Cass

Approval Date:

12/06/2005

Ok to Issue:

Note:
1) Install to comply with NFPA 90 a

Dept:

Fire

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

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