City of Portland, Maine	- Building or Use	Permit Applica	tion Pe	rmit No:	Issue Date:	CBL:
389 Congress Street, 04101	0			014-01155		084 M004001
Location of Construction:	Owner Name:		Owner Address:			Phone:
16 ADAMS ST - Peaks Island	MCCARTHY	KATHLEEN 20 ADA 04108		AMS ST PEAKS ISLAND, ME		ЛЕ
Business Name: Contractor Name		: Contract		tor Address:		Phone
	Goggin Energ pbj@goggin.n		22 Free 04101	22 Free Street, Suite 300 Portland ME 04101		E (207) 772-7557
Lessee/Buyer's Name	Phone:	Perm		mit Type:		Zone:
			HVAC		IR-2	
ast Use: Proposed Use:		Perm			Cost of Work:	CEO District:
Single Family	Single Family		INSPECT	\$60.00	\$4,000	0.00 3
Proposed Project Description: HVAC; Install Fujitsu Heat Pr		-				
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved Approved w/Conditions Denied			
			Signature:		Date:	
Permit Taken By:		Zoning Approval				
bjs	05/29/2014		0 11			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or I	Reviews	Zoni	ng Appeal	Historic Preservation
		Shoreland		Varianc	e	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	aneous	Does Not Require Review
3. Building permits are void within six (6) months of t	Flood Zone		Conditional Use		Requires Review	
False information may in permit and stop all work.	Subdivision		Interpre	tation	Approved	
		Site Plan		Approv	ed	Approved w/Conditions
		Maj 🗌 Minor 🗌	MM 🗌	Denied		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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE