City of Portland, Maine - Building or Use Permit Applicat				Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel	(207) 874-8703	Fax: (207) 874-8	3716	2014-00702			087 Z028001	
Cocation of Construction: Owner Name: 31 ELIZABETH ST- PEAKS ISLAND		OBERT J		Owner Address: 31 ELIZABETH ST PEAKS ISLAND ME 04108			Phone:	
Business Name:	Goggin Energ	Contractor Name: Goggin Energy info@googin.net		Contractor Address: 22 Free Street, Suite 300 Portland ME 04101			Phone (207) 772-7557	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: HVAC			Zone:	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Single Family Same: S		Single Family		\$60.00 \$4,0 INSPECTION:		00.00 3		
Proposed Project Description:								
HVAC; Install Fujitsu Heat Pump-								
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
		Action: Approved Approved w/C						
Permit Taken By: Date	Signature: Taken By: Date Applied For: 7 oning A pr					Date:		
	/09/2014	Zomig Approvai						
This permit application does not preclude the		Special Zone or Reviews		Zoni	Zoning Appeal		listoric Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	Variance		Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	Miscellaneous		Does Not Require Review	
3. Building permits are void if w within six (6) months of the da	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidate a building permit and stop all work		Subdivision Site Plan Maj Minor MM Date:		Interpre	☐ Interpretation		Approved	
	Approve			Approved [Approved w/Conditions		
	_ Denied			Denied [Denied		
	Date:			Date:		Date:		
I hereby certify that I am the owner I have been authorized by the owne jurisdiction. In addition, if a permit shall have the authority to enter all such permit.	r to make this appl 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	to conform to	all appli al's auth	cable laws of this norized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE