Cit	y of Portland, Main	e - Build	ling or Use Po	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-0480			089 F00	7001
Location of Construction:			Owner Name:			Owner Address:			Phone:	Phone:	
24 Jewel Rd			Auger Paul J &			P.o.box 122					
Business Name:			Contractor Name:			Contractor Address:			Phone		
			Salevsky & So	Salevsky & Sons Plumbing & Heatin			PO Box 242 Cape Cottage Road Cape El			207883806	59
Less	see/Buyer's Name	Phone:			Permit Type:				Zone:		
						HVAC					
Past Use: Proposed Use:						Permit Fee: Cost of Works		ork: C	CEO District:		
			New single Far	New single Family Home / Install oil fired Wiel McLain boiler w/ power		\$57.00		\$3,5	00.00	1	
			fired Wiel McI			FIRE DEPT: Appr		Approved	INSPEC	NSPECTION:	
			vent.				Denied	Use Groun		Type	
								_			
-	posed Project Description										
Ins	tall oil fired Wiel McLair	n boiler w/	power vent						Signature		
						PEDESTRIAN ACTIVITIES DISTRICT (P			TRICT (P.	.A.D.)	
						Acti	ion: Appro	ved Ap	proved w/C	Condition	Denied
					Signatura		ature:	Date:			
Done	mit Taken By:	Doto A	pplied For:			Signature:				Date.	
	obson					Zoning Approval					
				Special Zone or Revie		ews	ews Zoning Appeal			Historic Preservation	
1.						☐ Variance			Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Revie			
3.	. Building permits are void if work is not started			d			Conditional Us			Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work								_			
			a building			Interpretatio			Approved		
			Site Plan								
					Approved			Approved w/Condition			
				Maj [] Minor[] MM[☐ ☐ Denied			☐ Denied		
				Date:			Date:		Dat	Date:	
					CERTIFICATIO	N					
I he	reby certify that I am the	owner of	record of the na	med pro	operty, or that th	ie pro	posed work is	s authorized	by the ov	wner of recor	d and that
I ha	we been authorized by the	e owner to	o make this appli	cation a	as his authorized	l agei	nt and I agree	to conform	to all app	licable laws o	of this
	sdiction. In addition, if a										
	Il have the authority to en	nter all are	eas covered by si	uch peri	mit at any reaso	nable	hour to enfor	ce the prov	ision of t	he code(s) ap	plicable
to Sl	uch permit.										
SIGNATURE OF APPLICAN				ADDRESS		S DATE		Ξ	РНО		

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

	Owner Name:		Owner Address:	Phone:		
	Auger Paul J &		P.o.box 122			
	Contractor Name:		Contractor Address:	Phone 2078838069		
	Salevsky & Sons Plumbi	ng & Heatin	PO Box 242 Cape Cott			
	Phone:		Permit Type: HVAC			Zone:
Dept: Zoning Status: Approved Note:		Reviewer:	Tammy Munson	TT		/28/2004 e: 🔽
Status:	Approved with Conditions	Reviewer:	Tammy Munson			28/2004
					Ok to Issue	. /
		Auger Paul J & Contractor Name: Salevsky & Sons Plumbi Phone: Status: Approved	Auger Paul J & Contractor Name: Salevsky & Sons Plumbing & Heatin Phone: Status: Approved Reviewer:	Auger Paul J & P.o.box 122 Contractor Name: Contractor Address: PO Box 242 Cape Cott Phone: Permit Type: HVAC Status: Approved Reviewer: Tammy Munson	Auger Paul J & P.o.box 122 Contractor Name: Contractor Address: PO Box 242 Cape Cottage Road Cape El Phone: Permit Type: HVAC Status: Approved Reviewer: Tammy Munson Approval Date	Auger Paul J & P.o.box 122 Contractor Name: Contractor Address: Phone Salevsky & Sons Plumbing & Heatin PO Box 242 Cape Cottage Road Cape El 207883806 Phone: Permit Type: HVAC Status: Approved Reviewer: Tammy Munson Approval Date: 04/2 Ok to Issue

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	