Cit	y of Portland, Main	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-0487			089 F00	7001
Location of Construction: Owner Name:				C		Own	Owner Address:			Phone:	
			Auger Paul J &	&		P.O.box 122					
Business Name:			Contractor Nam	ne:		Cont	tractor Addres	ss:		Phone	
			The Finest Kin	ıd		9 C	ommercial St.	Portland		207772215	55
Less	see/Buyer's Name		Phone:			Permit Type:			•	Zone:	
						HV	/AC				
Past Use: Proposed Use:					•	Permit Fee: Cost of Work:			ork:	CEO District:	Ī
Sin	gle Family		_	Single Family w/lp gas fireplace in LR, direct vent			\$30.00	\$3	95.00		
			-			FIRE	E DEPT:	Approved	INSPEC	CTION:	1
								Denied	Hse Group:		Type
								Dellied			
Proj	posed Project Description	:				İ					
Ins	tall LP Gas fireplace in Ll	R, direct v	ent			Signature:		Signature:			
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (I	CT (P.A.D.)	
						Action: Approved Approve			proved w	ed w/Condition Denied	
					Action.			non ripproved ripproved w/condition beined			
						Signature:				Date:	
Peri	mit Taken By:	Date A	pplied For:				Zoning	g Approva	1		
kw	vd	04/26	/2004							T.	
1.	This permit application	does not	preclude the	Special Zone or Reviews		ews	S Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable State Federal Rules.		able State and	Shoreland			☐ Variance			Not in District or Landm		
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 within six (6) months of the date of issuance.			☐ Flood Zon		Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			☐ Approved	
			Site Plan			Approved			Approved w/Condition		
				Maj Minor MM			Denied			☐ Denied	
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to er uch permit.	e owner to permit for	o make this appli r work described	med pro cation a l in the a	as his authorized application is is	ne pro d agei sued,	nt and I agree I certify that	to conform the code offi	to all ap cial's au	plicable laws of thorized repres	of this sentative
_											
SIG	SNATURE OF APPLICAN				ADDRES	S		DATI	Ξ	P	НО

Location of Construction: Owner Name:		Owner Address:	Phone:
24 Jewel Rd, PEAKS ISLAND	Auger Paul J &	P.O.box 122	
Business Name:	Contractor Name:	Contractor Address:	Phone
	The Finest Kind	9 Commercial St. Portland	2077722155
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		HVAC	
Dept: Zoning Status	: Approved	Reviewer: Tammy Munson Appr	coval Date: 04/28/2004

Dept:	Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approval Date:	04/28/2004	
Note:						Ok to Issue: 🗹		
l								
Dept:	Building	Status:	Approved with Conditions	Reviewer:	Tammy Munson	Approval Date:	04/28/2004	
Note: Ok to Issue: ✓								
1) The installation must be compliant with the state gas regulations.								

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