

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-1343		Issue Date:		CBL: 126 F008001	
Location of Construction: 8 ARLINGTON ST		Owner Name: DENNEY MICHAEL T & MARLEEN		Owner Address: 8 ARLINGTON ST	
Business Name:		Contractor Name: Carlo Doria		Contractor Address: 19 Sunrise Dr Cape Elizabeth	
Lessee/Buyer's Name		Phone:		Permit Type: HVAC	
Past Use: Single Family Home		Proposed Use: Single Family Home - install a Lochinvar - Knight		Permit Fee: \$80.00	
Proposed Project Description: install a Lochinvar - Knight		Cost of Work: \$6,000.00		CEO District: 3	
				FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type	
		Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied	
Signature:		Date:			
Permit Taken By: Ldobson		Date Applied For: 11/23/2009		Zoning Approval	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..		Special Zone or Reviews		Zoning Appeal	
		<input type="checkbox"/> Shoreland		<input type="checkbox"/> Variance	
		<input type="checkbox"/> Wetland		<input type="checkbox"/> Miscellaneous	
		<input type="checkbox"/> Flood Zon		<input type="checkbox"/> Conditional Us	
		<input type="checkbox"/> Subdivision		<input type="checkbox"/> Interpretatio	
		<input type="checkbox"/> Site Plan		<input type="checkbox"/> Approved	
		Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>		<input type="checkbox"/> 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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO

Location of Construction: 8 ARLINGTON ST	Owner Name: DENNEY MICHAEL T & MARLEEN	Owner Address: 8 ARLINGTON ST	Phone:
Business Name:	Contractor Name: Carlo Doria	Contractor Address: 19 Sunrise Dr Cape Elizabeth	Phone 2077990066
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Dept: Zoning	Status: Pending	Reviewer:	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>
Dept: Building	Status: Pending	Reviewer: Tom Markley	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>

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