City	y of Portland, Maine - Bu	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101 Tel:	(207) 874-8703	s, Fax: (207) 874-8	3716	2014-02083		129 F008001
Location of Construction: 15 HERSEY ST		Owner Name: HANG SOPHY & MONY H KETH JTS		Owner Address: 15 HERSEY ST PORTLAND, ME 04103		ORTLAND, MI	Phone: (207) 774-7909
Busin	ness Name:			<u> </u>			
Lesse	e/Buyer's Name	Phone:		Permit Type: HVAC			Zone:
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Sing	gle-Family Home	Single-Family Home			\$58.00	\$3,9	000.00 5
				INSPECTION:			
Prop	osed Project Description:						
	AC - install (Payne 95% AFUE	age - furnace) (Gas)					
ın b	asement			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved Approved Approved			ved w/Conditions Denied
				S	ignature:		Date:
Perm dm	it Taken By: C Date A 09/1		Zoning Approval				
1.	This permit application does no	t preclude the	Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation
1.	Applicant(s) from meeting appl Federal Rules.		Shoreland		☐ Variano	ce	Not in District or Landmar
2.	Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditi	ional Use	Requires Review
	False information may invalida permit and stop all work	te a building	Subdivision		Interpre	etation	Approved
			Site Plan		Approv	ved	Approved w/Conditions
		Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:
				mro.			
I har	eby certify that I am the owner o	of record of the n	CERTIFICA			is outhorized by	y the owner of record and the
I hav juris shall	we been authorized by the owner diction. In addition, if a permit have the authority to enter all a permit.	to make this app for work describe	lication as his authored in the application	rized a is issu	ngent and I agree ned, I certify tha	e to conform to t the code offic	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE	PHONE