City	of Portland, Maine -	Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 (Congress Street, 04101 7	Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2014-01633		140 B022001	
Locati	ion of Construction:	Owner A		er Address:		Phone:		
27 CARLYLE RD			DIBIASE JOHN G & MARILYN L JTS		CARLYLE RD 03	ME		
Busin	ess Name:	Contractor Name	: Contract		ractor Address:		Phone:	
		Heating Soluti	Heating Solutions		Box 129 Buxton	(207) 232-7525		
Lessee	e/Buyer's Name	Phone:		Permit Type: HVAC			Zone: R3	
Past U	Jse:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	
Sing	le Family	Ssame: Single	Family	\$113.00 \$9		\$9,0	000.00 5	
-	sed Project Description:				INSPECTION:			
HVA	AC; Install Peerless MI/MIF							
			PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approv		TIES DISTRICT	T (P.A.D.) oved w/Conditions Denied		
					ved Approv			
				S	ignature:		Date:	
Permi bjs	t Taken By:		Zoning Approval					
	This permit application doe	s not preclude the	Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applications Federal Rules.			☐ Shoreland ☐ Wetland		☐ Variano	re	Not in District or Landmar	
	Building permits do not inc septic or electrical work.	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	onal Use	Requires Review	
	False information may inva permit and stop all work	Subdivision		Interpre	etation	Approved		
			Site Plan		Approv	ed	Approved w/Conditions	
		Maj Minor MM		Denied		☐ Denied		
			Date:		Date:		Date:	
I have jurisc shall	e been authorized by the ow liction. In addition, if a per	vner to make this appl mit for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	by the owner of record and that all applicable laws of this sial's authorized representative on of the code(s) applicable to	
SIGN	ATURE OF APPLICANT		ADDI	RESS		DATE	PHONE	
RESP	ONSIBLE PERSON IN CHARGE	E OF WORK, TITLE				DATE	PHONE	