Cit	ty of Portland, Ma	ine - Bu	ilding or Use	Permit Applicat	ion	Permit No:	Issue Date:		CBL:	
	Congress Street, 04		O			2014-02418			140 E019001	
Loca	ation of Construction:		Owner Name:	Owne		r Address:			Phone:	
25 PYA RD			DOYLE MICHAEL J & VICKIE A LABBE JTS			25 PYA RD PORTLAND, ME 041		4103	(207) 232-2720	
Busi	iness Name:									
Lessee/Buyer's Name Phot			Phone:	Phone:		Permit Type:			Zone:	
						HVAC			R3	
	Use:		Proposed Use:	T	Permit Fee:		Cost of Work:		CEO District:	
Single Family Home			Same: Single Family Home		\$113.00 \$9,000.00 5 INSPECTION:					
	posed Project Description:	IIIIACC		of Loren Devil Lord's L						
For the installation of an HVAC System (Buderus Ca Oil Boiler G115WS).				PEDESTRI		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
						Action: Approved Approved w/Conditions Denied				
									ite:	
Permit Taken By: Date Applied For: 10/17/2014					Zoning Approval					
This permit application does not a Applicant(s) from meeting application Federal Rules.			ot preclude the	Special Zone or Reviews Shoreland		Zoni	Zoning Appeal Variance		Historic Preservation	
						☐ Variano			Not in District or Landmar	
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not st within six (6) months of the date of issuan False information may invalidate a building permit and stop all work			te of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan		Conditi	Conditional Use		Requires Review	
			te a building			Interpre			Approved	
						Approv			Approved w/Conditions	
				Maj Minor MM		Denied	☐ Denied		Denied	
				Date:		Date:	Date:			
I ha juri shal	ereby certify that I am to the been authorized by sdiction. In addition, in the lattority to the permit.	the owner f a permit	to make this appl 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 office	all app all's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDF	RESS		DATE	PHONE			