City of Portland, Maine - Building or Use Permit Applica 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8					Permit No:	Issue Date:		CBL:	
					2013-02801			142 D009001	
Location of Construction:	Owne		r Address:			Phone:			
97 WALTON ST		STONER STEPHEN B & CLAIRE S SCHREIBER JTS		97 WALTON ST PORTLAND, ME 04103		ИE			
Business Name:		Contractor Name:			actor Address:	Phone			
		Revision Heat Cyndi@revisionheat.com		1053 Forest Avenue Portland ME 04103			04103	(207) 221-5677	
Lessee/Buyer's Name		Phone:			Permit Type:			Zone:	
				HVAC Permit Fee: Cost of Work:				R5	
Past Use: Single Family		Proposed Use:	Z 11	Perm	\$90.00	Cost of Work:	00.00	CEO District:	
omgic i uning		Same: Single Family		\$90.00 \$7,000.00 5 INSPECTION:					
Proposed Project Descriptio	n:								
HVAC; Install Triangle Tube Challenger Combi									
			PEDESTRIAN		ESTRIAN ACTIVI	IAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved w/Conditions Denied							
2 1 2 2	T				Da	te:			
Permit Taken By: Date Applied For: 12/30/2013				Zoning Approval					
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
			☐ Shoreland		Variand	ce	Not in District or Landman		
 Building permits do not include plumbing, septic or electrical work. 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 			☐ Wetland		Miscell	aneous	Does Not Require Review		
			Flood Zone		Conditi	tional Use R		Requires Review	
			Subdivision		Interpre	☐ Interpretation		Approved	
			☐ Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied		Denied			
	Date:		Date:	Date:		Date:			
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to , if a permit fo	o make this appl or work describe	ication as his authord in the application	nat the orized a	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all appl ial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	