Cit	y of Portland, Maine - Build	ling or Use Pe	ermit A	Applio	cation	Per	rmit No:	Issue Da	te:	CBL:	
	Congress Street, 04101 Tel: (2	_					04-0097	7		153 A02	25010
Location of Construction: Owner Name:						Owner Address:				Phone:	
25 Kimberly Ct Nial Constructi				ion Inc			191 State Rd Ste # 2				
Bus	iness Name:	Contractor Nam				Contractor Address:				Phone	
		Pine State Plun				PO Box 6308 Scarborough				207883120	00
Lessee/Buyer's Name Phone:					Permit Type:				l .	Zone:	
			HVAC								
Past Use: Proposed Use:				-		Permit Fee: Cost of Work:			ork:	CEO District:	
Condo (unit 10) in 4 unit bldg.							\$30.00	\$1.	00.000	4	
	` ,					FIRE	DEPT:	Approved	TATODA	CCTION:	
									Use G		Type
								Denied			
Pro	posed Project Description:										
	igle Family home/Install a Majesti	c direct vent gas	Fireplac	ce		Signature: Signature:					
					PEDESTRIAN ACTIVITIES DISTRIC						
										· /Cditi 🗖	
								Ap	provea v	w/Condition	
	Date A	pplied For:									
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Spec	ial Zon	e or Revie	ews				Historic Pres	servation
1.			П							☐ Not in Distr	ict or Landm
										Not ill Disti	ict of Landii
2	Ruilding parmits do not include a					lп			Does Not Re	equire Revie	
2.	Building permits do not include plumbing, septic or electrical work.									Does Not Re	Aquire Revie
3.							lп				
٥.	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										
							lп				
	,								Approved w	Approved w/Condition	
			Maj			П	Ιп			П	
										_	
							<u> </u>				
				CEDTI	EICATIO	N.T					
		1 6.1			FICATIO				11 .1	c	
	reby certify that I am the owner of										
	ve been authorized by the owner to sdiction. In addition, if a permit fo										
	Il have the authority to enter all are										
	uch permit.		. r		, 3551			P10			1
0.7.0	NATURE OF A PRINCIPLE				ADDRESS			F. 1	Г		
SIGNATURE OF APPLICAN					ADDRESS	•		DAT	E	Р	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:		Owner Name:				
25 Kimberly Ct		Nial Construction Inc		191 State Rd Ste # 2		
				Contractor Address:		
		Pine State Plumbing & H	eating	PO Box 6308 Scarboroug	h	
Lessee/Buyer's Name					<u> </u>	
Dept:	Status:	Approved	Reviewer:	Marge Schmuckal	Approval Date:	02/03/2004
Note:					Ok	to Issue:
Dept: Building Note:	Status:	Approved	Reviewer:	Jeanine Bourke	Approval Date:	02/05/2004 a to Issue:
Dept: Fire	Status:	Approved with Conditions	Reviewer:	Lt. MacDougal	Approval Date:	02/04/2004
Note:					Ok	to Issue:
1) the propane tank requi	res a perm	nit				

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	