Cit	y of Portland, Maine	- Building or Use	Permi	t Applicatior	Pe	rmit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: ((207) 874-8716	5	10-0309			155 E00	8001
Location of Construction: Owner Name:					Owner Address:			Phone:	Phone:	
44 BAY ST MGW CONSU			JLTIN	IG AND DEVE 46 IRVING ST						
Business Name: Contractor Name Gaco Inc		:		Contractor Address:			Phone	Phone		
		Gaco Inc	Gaco Inc		149 Clarks Mills Road Hollis			2073298600		
Lessee/Buyer's Name		Phone:	Phone:		Permit Type:			-	Zone:	
					HV	AC				
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		k:	CEO District:		
Sin	gle Family Home	Single Family	Single Family Home - insta			\$90.00	\$6,20	00.00	4	
						DEPT:	Approved	INSPEC	CTION:	
		w/ (2) 500 lb t	anks					Use Gro	Group: Type:	
					Demed					
Prop	osed Project Description:									
install a Baxi Luna Modulationg wallhung boiler w/ (2			,		Signature: Sig		Signatur	gnature:		
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				Action:		Action: Approved Approved w/Conditions Denied				Denied
					Signature:			Date:		
Permit Taken By: Date Applied For:				Zoning Approval						
ldobson 03/31/2010		03/31/2010	0 11							
1.	1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
			Sh	Shoreland		Variance			Not in District or Landmark	
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Review		
3.		nits are void if work is not started months of the date of issuance.		Flood Zone		Conditional Use			Requires Review	
False information may invalidate a building permit and stop all work		Subdivision			Interpretation			Approved		
			Sin Sin	te Plan		Approve	ed		Approved w/C	Conditions
			Maj [Minor MM		Denied			Denied	
			Date:			Date:		Da	ate:	

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:	Owner Name:	Owner Address:	Phone:				
44 BAY ST	MGW CONSULTING AND DEVE	46 IRVING ST					
Business Name:	Contractor Name:	Contractor Address:	Phone				
	Gaco Inc	149 Clarks Mills Road Hollis	2073298600				
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:				
		HVAC					
Dept: Zoning Status: A Note:	pproved Reviewer	Marge Schmuckal Approval Date: 03/31/2010 Ok to Issue: 🗹					
Dept: Building Status: A Note:	pproved with Conditions Reviewer	: Tammy Munson Approval Da	te: 04/14/2010 Ok to Issue: ☑				
1) The installation must comply with the State of Maine Gas Regulations.							

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE