•	of Portland, Maine	U			- 1	08-1410	11/06/	2008	161 B0 <sup>2</sup>	13002	
389 Congress Street, 04101 Tel: (207) 874-8703 [Location of Construction: Owner Name:			, 1 dA. (201) 01 1 011			ner Address:		Phone:			
				CONGREGATION O		355 CANCO RD			I MUNC.		
	ss Name:		Contractor Name:			Contractor Address:			Phone		
		Nathan & Perl	Nathan & Perkins			PO Box 668 Cornish			2076253552		
Lessee/	Buyer's Name	Phone:	Phone:		Permit Type:					Zone:	
	•				HVAC						
Past Use: Proposed Use:			<del></del>		Permit Fee: Cost of Work:			CEC	CEO District:		
l			nd Congregation of Jehovah's		\$80.00 \$6,000.00				0 4		
Witne		Witnesses - in	Witnesses - install a Prestige direct		FIRE DEPT: Approved INSI				PECTION:		
		vent boiler in	1st floor	boiler room	1		Denied Us	se Group:		Type:	
		1					Demed /				
Proposed Project Description:											
install a Prestige direct vent boiler in 1st floor boiler r				Signature:			gnature:				
						PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
						ion: Approve	ed w/Con	Conditions Denied			
						Signature:			Date:		
Permit Taken By: Date Applied For: 11/04/2008					Zoning Approval						
			Space	rial Zone or Révie		Zonine	Appeal	<del></del>	Listania Drass		
	This permit application do	-			l _		; Appeal	1 _	Historic Preservation  Not in District or Landmark		
	Applicant(s) from meeting Federal Rules.	g applicable State and				☐ Variance					
	Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneous			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			Conditional Use			Requires Review		
	False information may invalidate a building permit and stop all work			odivision	Interpretation				Approved		
			Site	e Plan		Approved			Approved w/C	Conditions	
	Closed and			Minor MM	Denied			Denied			
	The second second		Date:			Date:		Date:			
	· Sandan dan		Date:			Date.		Date.	<del></del> _	<del></del>	
	<u> </u>	(									
	L	Jan Contract									
		\	C	ERTIFICATION	ON						
I hereb	by certify that I am the ow	vner of record of the na	med pro	perty, or that th	e pr	oposed work is a	authorized by	the own	er of record	d and that	
I have jurisdi shall h	been authorized by the oction. In addition, if a peave the authority to enter	wner to make this appli ermit for work described	ication as d in the a	s his authorized application is is	l age	nt and I agree to	conform to a e code officia	ll applic l's autho	able laws orized repre	of this esentative	
such p	ermıt.										
SIGNA	TURE OF APPLICANT	ADDRESS			DATE			PHONE			
DEGDO	MICIDI E DEDECAL DI CILI. D	SE OF MODIL TIME S			_		<del></del>				
KESPO	INSIBLE PERSON IN CHARC			DATE		PHON	1E				