•		Use Permit Application	1	Plant pale S		003001	
	4101 Tel: (207) 874	-8703, Fax: (207) 874-87				003001	
		ime: .RD EDWARD J & SARAF	Owner Address: 4 435 WOODFOR	DST	Phone:		
Business Name:	Contracto		Contractor Address		Phone	 	
Dusiness Name:	Finest H		893 US#1 Yarm GATY OF PORTLAN 19078469030			9030	
Lessee/Buyer's Name	Phone:		Permit Type: HVAC		Zone:		
Past Use:	Proposed	Use:	Permit Fee:	Cost of Work:	CEO District:		
Single Family Home		Samily Home/ install a	\$30.00	\$475.00	3		
	regency	SM insert	T Approved		SPECTION: se Group: 1) Type: 54		
				Denied	RC /301	Type: 54 I.S. Foel	
Proposed Project Description	n:		┤ 		/1	1	
install a regency SM ins	sert		Signature:		nature:		
			PEDESTRIAN ACTIVITIES DISTRI		CT (P.A.D.)		
			Action: Appro	oved Approved	l w/Conditions	Denled	
			Signature:		Date:		
Permit Taken By: ldobson	Date Applied For: 12/09/2005		Zoning Approval				
This permit application does not preclude t		the Special Zone or Rev	ews Zoning Appeal		Historic Preservation		
Applicant(s) from meeting applicable S Federal Rules.		e and Shoreland	☐ Variance		Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.		Wetland	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. False information may invalidate a building permit and stop all work			Condit	Conditional Use		Requires Review	
		g Subdivision	[Interpre	etation	Approved		
		SitePlan	Approv	/ed	Approved v	w/Conditions	
		Maj Minor M	M Denied	l	Denied	1. /	
		Date: 17/10/0	Date:		Date: 12	12/05	
		CERTIFICAT	. C	165e-0	J. C	;4.	
I have been authorized by jurisdiction. In addition,	the owner to make thi if a permit for work de	the named property, or that s application as his authoriz scribed in the application is d by such permit at any reas	the proposed work i ed agent and I agree issued, I certify that	to conform to all the code official	applicable law 's authorized re	s of this presentative	
SIGNATURE OF APPLICANT		ADDRE	SS	DATE	РН	IONE	
RESPONSIBLE PERSON IN	CHARGE OF WORK, TITL	.E	-	DATE	PH	IONE	



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



m6 63

To the INSPECTOR OF BUILDINGS, PORTLAND,	, ME.
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The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL Portland	Use of Building Date
Name and address of owner of appliance Sarah Leono 435 Wood Ford St.	, for Hand, Me 04103
Location of appliance: Basement Roof Roof	Type of Chimney:
Type of Fuel: Gas Gil Solid	☐ Metal
Appliance Name: Regency Sm Theet U.L. Approved Yes No Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Factory Built U.L. Listing # Direct Vent Type UL# Type of Fuel Tank Gas Size of Tank
The Type of License of Installer:	Number of Tanks
☐ Master Plumber #	
□ Solid Fuel #	Distance from Tank to Center of Flame feet.
Oil #	Cost of Work: \$ 475-00
☐ Gas #	Permit Fee: \$ 36.00
Approved Fire:	Approved with Conditions See attached letter or requirement
Signature of Installer Ralph Warner	Inspector's Signature Date Approved

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy