City of Portland, Maine - Buil	I	Permit No: 06-0339	Issue Dat	e:	CBL:	1001				
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716								371 A041001		
Location of Construction: 57 BALLPARK DR Owner Name: CANDAGE DOUGLAS B & STEPHE					ner Address: BOX 142	Phone:	Phone:			
Business Name: Contractor Nam Edward Carlan					Abbott Street			Phone 2077974695		
Lessee/Buyer's Name Phone:				Permit Type: HVAC			Zone:			
Past Use: Single Family			nstall a New Yorker/ r in basement. 275 gal		*mit Fee: \$93.00 E DEPT:		Cost of Work: S8,000.00 CE Approved INSPECTI		Туре	
				☐ Denie		Denied	Osc Gi	is Gloup Type		
Proposed Project Description: nstall a New Yorker/ Burnham Boile	· ·	Signature:		Signature:						
			Action Approved Approve				T (P.A.D.) d w/Condition Denied			
				Signature:			Date:			
-	Applied For: 4/2006			Zoning Approval						
This permit application does no	t preclude the	Speci	Special Zone or Review		ws Zoning Appeal			Historic Preservation		
Applicant(s) from meeting application Federal Rules.	•	☐ Sh	oreland		☐ Variance			☐ Not in District or Landma		
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneou			☐ Does Not Require Revie			
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			Flood Zon		Conditional Us			Requires Review		
			bdivision		☐ Interpretati			Approved		
		☐ Sit	te Plan		Approx	red		Approved w	Condition	
		Ма	Mino M		☐ Denied			☐ Denied		
		Date:			Date:		Г	Pate:		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit f shall have the authority to enter all a to such permit.	to make this appl or work described	amed pro ication a d in the a	as his authorized application is iss	ne pr l age	ent and I agree I certify that the	to conform the code office	to all ap	oplicable laws of otherized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRESS	S		DATI	Ξ	PI	НО	

Location of Construction: 57 BALLPARK DR	Owner Name: CANDAGE DO	UGLAS B & STEPHE	Owner Address: PO BOX 142	Phone:		
Business Name:	Contractor Nam Edward Carland	e:	Contractor Address: 10 Abbott Street Portland	Phone 2077974695		
Lessee/Buyer's Name	Phone:		Permit Type: HVAC			Zone:
Dept: Zoning Status Note:	s: Pending	Reviewer	:	Approval Da	nte: Ok to Issue	e: 🗆
Dept: Building Status Note:	s: Pending	Reviewer	:	Approval Da	nte: Ok to Issue	 e: 🗆
		CERTIFICATIO)N			
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a permishall have the authority to enter alto such permit.	er to make this applic it for work described	cation as his authorized in the application is iss	l agent and I agree to conformed, I certify that the code of	rm to all appl official's auth	icable laws o orized repres	of this entative
SIGNATURE OF APPLICAN		ADDRES:	S D.	АТЕ	PF	НО