City of Portland, Maine - Building or Use Permit Applicated 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8					Permit No:	Issue Date:	C	CBL:	
					2014-00837	14-00837		182A A014001	
Location of Construction: Owner Name:			· · · · · · · · · · · · · · · · · · ·	Owne	r Address:		Pl	hone:	
50 ALDEN CIR		WINTER LOIS ANN D & VALERIE K HEALEY JTS		50 ALDEN CIR PORTLAND, ME 04102		Е			
Business Name:		Contractor Name:			ractor Address:	Pi	hone		
		Revision Energy LLC Christine@revisionenergy.com		142 Presumpscot street Portland ME 04101			E (207) 221-6342	
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
				HVAC				3	
Past Use:		Proposed Use:	- ···			Cost of Work:		EO District:	
Single Family Same		Same: Single I	ame: Single Family		\$100.00 \$8,000.		30.00	0.00 7	
Proposed Project Descriptio	n:								
HVAC; installing Fujit	pumps.	ps.							
, , , , , , , , , , , , , , , , , , , ,				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: Approved Approved Approved				d w/Conditions Denied			
	Signature:				Date:				
ermit Taken By: Date Applied For: 04/23/2014				Zoning Approval					
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		Zoni	Zoning Appeal		storic Preservation	
			Shoreland		☐ Varianc	e	Not in District or Landma		
 Building permits do not include plumbing, septic or electrical work. 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 			Wetland		Miscella	aneous	☐ Does Not Require Review		
			Flood Zone		Condition	litional Use R		equires Review	
			Subdivision		Interpre	☐ Interpretation ☐		pproved	
			Site Plan		Approve	Approved		pproved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied			
	Date:		Date:	Date:		Date:			
I hereby certify that I ar I have been authorized l jurisdiction. In addition shall have the authority such permit.	by the owner to , if a permit for	o make this appl or work describe	ication as his autho d in the application	nat the rized a is issu	proposed work agent and I agreed led, I certify that	e to conform to a	all applica al's autho	able laws of this rized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	