City of Portland, Maine - Building or Use Permit Applicate 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8					Permit No:	Issue Date:		CBL:	
					2014-00511			186 D008001	
Location of Construction:		Owner Address:		-	Phone:				
43 BOLTON ST		HINES BRETON		43 BOLTON ST PORTLAND, ME 04102		Ξ	(207) 879-9800		
		Contractor Name:		Contr	Contractor Address:			Phone	
		Vincent Grosso		PO	PO Box 343 Gray ME 04039				
Lessee/Buyer's Name Phone:		Phone:			Permit Type: HVAC			Zone:	
Past Use: Pro		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
3 Family	3 Family			\$100.00	\$100.00 \$8,000.00		6		
			INSPECTION:						
Proposed Project Description									
install Baxi Luna Mode	ect vent								
	PEI		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
		Action: Approved Approved w/Cond Signature: Date							
Downit Tokon Dry	Signature:			Date.					
Permit Taken By: Date Applied For: 03/17/2014				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		Historic Preservation	
			Shoreland		☐ Variano	ce	☐ 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 			☐ Wetland		Miscell	aneous	Does Not Require Review		
			Flood Zone		Conditi	Conditional Use		Requires Review	
permit and stop all	a building	ng Subdivision		Interpretation		Approved			
			Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied			
			Date:		Date:	Date:		Date:	
I hereby certify that I am I have been authorized b jurisdiction. In addition shall have the authority such permit.	y the owner to , if a permit fo	o make this appl or work describe	ication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all appl al's autl	icable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	