City of Portland, Maine - Build	ling or Use Pe	rmit A	Application	P	ermit No:	Issue Dat	e:	CBL:	
389 Congress Street, 04101 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1147			190 K00	1001
Location of Construction:	Owner Name:			Owner Address:			Phone:		
41 Powsland St	Miller Thomas O			43 Powsland St					
Business Name:	Contractor Nam	e:		Con	tractor Addres	s:		Phone	
	Dead River Con	Dead River Company			PO Box 467 Scarborough			207883951	.5
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:				Zone:	
				H	VAC				
Past Use: Proposed Use:				Permit Fee:		Cost of Work: CE		CEO District:	
Apt Building - three dwelling units	Apt Building (3 dwelling units Replace existing boiler w/ Rinn		elling units)		\$48.00	\$2,525.00		3	
				FIR	E DEPT:	Approved INSPI		TION:	
		onthuum Propane boiler & Replace				Denied	Use Gro	oup:	Type
	2 50 lb tanks w	2 50 lb tanks w/ 2 100 lb tanks							
Proposed Project Description:									
Replace existing boiler w/ Rinnai Con	thuum Propane b	oiler & Replace 2 50		8		U	Signature:		
lb tanks w/ 2 100 lb tanks				PEDESTRIAN ACTIVITIES DISTRIC			TRICT (P	T (P.A.D.)	
				Approve			proved w/	ed w/Condition	
In	P 15								
Date A	pplied For:								
		Special Zone on Davis		a				Historic Preservation	
1. This permit application does not		Special Zone or Review			_			_	
Applicant(s) from meeting applic Federal Rules.	able State and						Not in Distri	ct or Landm	
							-	-	
2. Building permits do not include plumbing, septic								Does Not Require Revie	
or electrical work. 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							,	_	
								П	
permit and stop all work							"		
								Approved w	Condition
							-		Condition
			□ ШММ	n l o					
		J [<u> </u>	
	l								
			CERTIFICATIO	N					
I hereby certify that I am the owner of	record of the nar	med pro	operty, or that th	ne pro	oposed work is	s authorized	by the o	wner of recor	d and that
I have been authorized by the owner to	make this appli	cation a	s his authorized	l age	nt and I agree	to conform t	o all app	olicable laws o	of this
jurisdiction. In addition, if a permit for									
shall have the authority to enter all are	eas covered by su	ich peri	nit at any reaso	nable	e hour to enfor	ce the prov	ision of	the code(s) ap	plicable
to such permit.									
SIGNATURE OF APPLICAN			ADDRESS	S		DATE	E	PI	НО

Location of Construction:	Owner Name:		Owner Address:		Phone:	
41 Powsland St	Miller Thomas O		43 Powsland St			
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Dead River Company		PO Box 467 Scarborough	rough 2078839515		
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
			HVAC			
	·					
Dept: Zoning	Status: Approved with Condition	s Reviewer:	Marge Schmuckal	Approval Date	e: 08/2	3/2004
					a	
1) This is NOT an approv limited to items such a	al for an additional dwelling unit. Ys stoves, microwaves, refrigerators, nain a three (3) family dwelling. Any	or kitchen sink	s, etc. Without special app	hen equipment i provals.		t not
limited to items such a 2) This property shall remapproval. Dept: Building	s stoves, microwaves, refrigerators,	or kitchen sink change of use	s, etc. Without special app shall require a separate pe	hen equipment in provals. rmit application Approval Date	for review a e: 08/3	nd 1/200-
 This is NOT an approve limited to items such a This property shall remapproval. Dept: Building Note: 	s stoves, microwaves, refrigerators, nain a three (3) family dwelling. Any Status: Approved with Condition	or kitchen sink change of use	s, etc. Without special app shall require a separate pe	hen equipment in provals. rmit application Approval Date	ncluding, but	t not nd
 This is NOT an approve limited to items such a This property shall remapproval. Dept: Building Note: 	s stoves, microwaves, refrigerators, nain a three (3) family dwelling. Any Status: Approved with Condition	or kitchen sink change of use	s, etc. Without special app shall require a separate pe	hen equipment in provals. rmit application Approval Date	for review a e: 08/3	t not nd
 This is NOT an approve limited to items such a This property shall remapproval. Dept: Building Note: 	s stoves, microwaves, refrigerators, nain a three (3) family dwelling. Any Status: Approved with Condition	or kitchen sink change of use see Reviewer:	s, etc. Without special app shall require a separate pe	hen equipment in provals. rmit application Approval Date	for review a e: 08/3	t not nd
 This is NOT an approve limited to items such a This property shall remapproval. Dept: Building Note: 	s stoves, microwaves, refrigerators, nain a three (3) family dwelling. Any Status: Approved with Condition e and NFPA Gas regs	or kitchen sink change of use see Reviewer:	s, etc. Without special app shall require a separate pe	hen equipment in provals. rmit application Approval Date	for review a e: 08/3	t not nd
 This is NOT an approve limited to items such a This property shall remapproval. Dept: Building Note: Must comply with State 	s stoves, microwaves, refrigerators, nain a three (3) family dwelling. Any Status: Approved with Condition e and NFPA Gas regs	or kitchen sink change of use s Reviewer:	s, etc. Without special appoints and separate pe Mike Nugent	hen equipment in provals. Ermit application Approval Date	for review a e: 08/3	t not nd 1/2004 ✓

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО