Cit	y of Portland, Maine	e - Build	ling or Use Po	ermit A	Application	Per	mit No:	Issue Da	ate:	CBL	:	
	Congress Street, 0410		0				04-0594	1		21	7 B050	0001
Location of Construction: Owner Name:							Owner Address:			Phone:		
93 Rivers Edge Dr Stroudwater Fa				arms Assoc		91 Jo	hnson Rd					
Bus	iness Name:		Contractor Nan	ne:		Contractor Address:				Phon	e	
			Quality Insulat	tion		65 Downeast Drive Yarmouth				2078	346774:	5
Less	see/Buyer's Name	Phone:			Permit Type:						Zone:	
-						HVAC						
Past	t Use:		Proposed Use:			Permit Fee:		Cost of W	Cost of Work: CE		trict:	1
_					w/direct vent gas				\$0.00			
fireplace in liv				ingroom		FIRE DEPT:		Approved	INSPE	PECTION:		
						<u> </u>		☐ Denied				Type
								Dellieu				
Proj	posed Project Description:	:										
dire	ect vent gas fireplace in li	ivingroon	1			Signature:			Signature:			
						PEDESTRIAN ACTIVITIES DISTRI			STRICT	CT (P.A.D.)		
						Action: Approved Approved w/C				w/Condition	Condition Denied	
						Signature:				Date:		
Dora	mit Taken By:	Data A	pplied For:			Signat			,			
kw	· ·		/2004			Zoning Approval						
	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Review		iews	ews Zoning Appeal			Historic Preservation		
1.				Shoreland			☐ Variance			☐ Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			☐ Does Not Require Revie		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon ☐ Subdivision			Conditional Us			Requi	res Revi	ew	
					☐ Interpretatio			Approved				
False information may invalidate a building permit and stop all work												
				☐ Site Plan  Maj ☐ Minor☐ MM ☐		☐ Approved			Approved w/Condition			
							Д Арргоуец			☐ Approved w/Condition		
						☐ Denied				☐ Denied		
				Date:			Date:			Date:		
				Dute.			Duite.					
					CERTIFICATIO	ON						
Lha	rahy partify that I am tha	owner of	record of the ma				osad wa-1	is outhorics	d by the	owner of	rocore	l and that
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a ll have the authority to en uch permit.	e owner to permit fo	o make this appli r work described	ication a	as his authorized application is is	d agent sued, I	and I agre	e to conforn t the code of	to all a	pplicable uthorized	laws o repres	f this entative
CIC	MIATURE OF ARRUGAN				ADDDEG	C		DAT	PE		DT	
SIG	SNATURE OF APPLICAN				ADDRES	2		DA	ιE		PH	IU

<b>Location of Construction:</b>	Owner Name:	Owner Address:	Phone:	
93 Rivers Edge Dr	Stroudwater Farms Assoc	91 Johnson Rd		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Quality Insulation	65 Downeast Drive Yarmouth	2078467745	
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:	

Dept: Note:	Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approval Date: Ok to	05/13/2004 • Issue: 🗹
Dept: Note:	Building	Status:	Approved with Conditions	Reviewer:	Tammy Munson	Approval Date: Ok to	05/13/2004 o Issue:
1) The installation must comply with the State of Maine Gas Regulations.							

## 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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО