

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1796	Issue Date:	CBL: 224 B014001
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Location of Construction: 299 CAPISIC ST	Owner Name: PHILBROOK ROBERT W & KEVIN	Owner Address: 295 CAPISIC ST	Phone:
Business Name:	Contractor Name: Dixon Heating	Contractor Address: P.O. Box 167 Buxton	Phone 2077276377
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home - install a Weil-Mclain Boiler in basement	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 3
Proposed Project Description: install a Weil-Mclain Boiler in basement		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group Type
		Signature:		Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Signature: Date:				

Permit Taken By: Idobson	Date Applied For: 12/19/2006	<b>Zoning Approval</b>
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic 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 permit and stop all work..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland  <input type="checkbox"/> Wetland  <input type="checkbox"/> Flood Zon  <input type="checkbox"/> Subdivision  <input type="checkbox"/> Site Plan  Ma <input type="checkbox"/> Mino <input type="checkbox"/> M <input type="checkbox"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance  <input type="checkbox"/> Miscellaneous  <input type="checkbox"/> Conditional Us  <input type="checkbox"/> Interpretati  <input type="checkbox"/> Approved  <input type="checkbox"/> Denied	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma  <input type="checkbox"/> Does Not Require Revie  <input type="checkbox"/> Requires Review  <input type="checkbox"/> Approved  <input type="checkbox"/> Approved w/Condition  <input type="checkbox"/> Denied
	Date:	Date:	Date:

**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	PHO

<b>Location of Construction:</b> 299 CAPISIC ST	<b>Owner Name:</b> PHILBROOK ROBERT W & KEVIN	<b>Owner Address:</b> 295 CAPISIC ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Dixon Heating	<b>Contractor Address:</b> P.O. Box 167 Buxton	<b>Phone</b> 2077276377
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Pending	<b>Reviewer:</b>	<b>Approval Date:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b>	<b>Approval Date:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Note:</b>				

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DATE

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