City of Portland, M	Iaine - B	uilding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, (04101 Te	1: (207) 874-8703	Fax: (207) 874-8	3716	2014-00537			225 C040001	
Location of Construction: 83 STARBIRD RD			Owner Name: THOMPSON JOHN A & SARAH J JTS		Owner Address: 83 STARBIRD RD PORTLAND, 04102		, ME	Phone:	
Business Name:			Contractor Name:		ractor Address:	Phone			
DUSINGS INGINC.		Revision Heat	Revision Heat Cyndi@revisionheat.com ext 5		1053 Forest Avenue Portland ME 04103			(207) 221-5677	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: HVAC			Zone:	
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Single family		Same: Single f	Same: Single family		\$180.00 \$16,000.0 PECTION:		00.00	6	
Proposed Project Description HVAC; install Kedel W		Boiler.							
			PEDEST		ESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/C							
Permit Taken By: Date Applied For:				č			Da	ate:	
bjs	Coning Approx 03/20/2014								
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from a Federal Rules.			Shoreland		☐ Variano	Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not sta within six (6) months of the date of issuand False information may invalidate a building permit and stop all work			suance.		Conditi	Conditional Use		Requires Review	
			Subdivision		Interpre	☐ Interpretation		Approved	
			Site Plan		Approv	ed		Approved w/Conditions	
			Maj Minor MM		Denied	☐ Denied		Denied	
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the own	er to make this appl it for 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 office	all app cial's au	licable laws of this thorized representative	
SIGNATURE OF APPLICAL	NT		ADD	RESS		DATE		PHONE	
-									