Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	te:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		06-0008			261 D00	5001
Location of Construction: Owner Name:				1		Owner Address:			Phone:		
				ID R & JACQUELYN P		152	ROWE AVE				
Bus	iness Name:		Contractor Nan	ne:		Cont	tractor Addres	s:		Phone	
			Frost N Flame			629 Main St. Gorham			207856700	00	
Less	see/Buyer's Name		Phone:			Permit Type:			1	Zone:	
						НΛ	/AC				
Past	t Use:		Proposed Use:		Permit Fee: Cost of Work		ork:	CEO District:			
Sin	gle Family		Singel Family	install a Jotul Arcadia gal tank		\$57.00 FIRE DEPT:		\$3,7	95.12	3	
			direct vent 100					Approved INSPE		CTION:	
							_	Use G		roup:	Type
						Defiled					
Proj	posed Project Description:	;									
ins	stall a Jotul Arcadia direct	t vent 100	gal tank			Signature: Signa			Signatu	iture:	
						PEDESTRIAN ACTIVITIES DISTRICT ((P.A.D.)		
						Acti	ion: Appro	ved Ap	proved w	v/Condition	Denied
						Signature:				Date:	
Peri	mit Taken By:	Date A	pplied For:			J ~			Dute.		
	nartin	12/28					Zoning	g Approva	Ц		
				Special Zone or Review		ews	ews Zoning Appeal			Historic Preservation	
 This permit application does not pr Applicant(s) from meeting applicable Federal Rules. 			Shoreland			☐ Variance			☐ Not in District or Landm		
2.	. Building permits do not include plumbing, septic			☐ Wetland		Miscellaneous			☐ 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 permit and stop all work				☐ Flood Zon			☐ Conditional Us			Requires Review	
				Subdivision		☐ Interpretatio			☐ Approved		
				Site Plan			☐ Approved			Approved w/Condition	
			Maj 🔲 Minor 🔲 MM		☐ Denied			☐ Denied			
				Date:	Date:		Date:		D	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit for	o make this appli r work described	med procession a	as his authorized application is is	ne pro d agen sued,	nt and I agree I certify that the	to conform he code offi	to all ap	oplicable laws of otherized repres	of this sentative
SIC	NATURE OF ARRIVAN				ADDRES	2		DATI	7	n:	HO
SIGNATURE OF APPLICAN					ADDRES	S DATE		_	РНО		

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

152 ROWE AVE	SMITH DAVID R & JA	CQUELYN P 152 ROWE AVE						
Business Name:	Contractor Name:	Contractor Address:	Pho	Phone				
	Frost N Flame	629 Main St. Gorham	207	8567000				
Lessee/Buyer's Name	Phone:	Permit Type:		Zone:				
		HVAC						
Dept: Zoning Note:	Status: Approved	Reviewer: Tammy Munson	Approval Date: Ok t	01/13/2006 to Issue: ✓				
Dept: Building Note:	Status: Approved with Condition	ns Reviewer: Tammy Munson	Approval Date: Ok t	01/13/2006 to Issue: ✓				
1) The installation must comply with the State of Maine Gas Regulations.								

Owner Address:

Phone:

Owner Name:

Location of Construction:

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	PHO