	y of Portland, Mai Congress Street, 041		0				07-0403	Issue Dat	e:	283 E00	3001	
Location of Construction: Owner Nam				, 1 a. (207) 07 1 07 10		Owner Address:			<u></u>		Phone:	
44	LONGWOOD DR		GAY FRANCIS Q WWII VET & LOI			44 LONGWOOD DR						
Bus	iness Name:		Contractor Name: Irving Oil			Contractor Address: 385 Main Street South Portland				Phone 207772830	Phone 2077728304	
Less	see/Buyer's Name		Phone:			Permit Type: HVAC				Zone:		
Past Use: Proposed Use:				Install 275 and touls in		Permit Fee: \$30.00		Cost of Work: CE \$30.00		CEO District:		
SIII	gle Family		Single Family Install 275 gal tank in basement			FIRE DEPT: Approve		Approved	INSPECTION:		Туре	
Pro	posed Project Descriptio	on:										
Ins	tall 275 gal tank in base	ement				_	gnature:		Signatur			
						PE	DESTRIAN ACTI					
						Ac	ction Appro	ved App	proved w/	Condition	Denied	
				ı		Sig	gnature:			Date:		
	mit Taken By: nartin	Date A ₁ 04/19	pplied For: /2007				Zoning	Approva	l			
This permit applicat		on does not	does not preclude the		Special Zone or Revie		ews Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting appl Federal Rules.			Shoreland		☐ Variance		[☐ Not in District or Landn			
2.		uilding permits do not include plumbing, eptic or electrical work.			etland	Miscellaneous				Does Not Require Revie		
3.	within six (6) months	Building permits are void if work is no within six (6) months of the date of issues.		of issuance.			Conditional Us			Requires Review		
	False information may permit and stop all wo		a building	Subdivision			☐ Interpretatio			Approved		
permit and stop an work			☐ Site Plan			☐ Approved				Approved w/Condition		
				Maj Mino MM			Denied			Denied		
				Date:			Date:			Date:		
I ha juri: shal	reby certify that I am the verties and the verties and the verties and the verties are the results and the verties are the suthority to be uch permit.	the owner to a permit for	o make this appli r work described	med procation a	as his authorized application is iss	ne p l ag suec	ent and I agree to the stand I, I certify that the	to conform to	to all app cial's aut	plicable laws of horized representations.	of this sentative	
SIC	GNATURE OF APPLICAN				ADDRESS			DATE		D	HO	
SIC	MATURE OF APPLICAN				ADDRES	,		DATE		P.	.10	

	n of Construction: NGWOOD DR		Owner Name: GAY FRANCIS Q V	VWII VET & LOI	Owner Address: 44 LONGWOOD DR	Phone:		
Business	s Name:		Contractor Name: Irving Oil		Contractor Address: 385 Main Street South I	Phone 2077728304		
Lessee/B	Buyer's Name		Phone:		Permit Type: HVAC			Zone:
Dept: Note:	Zoning	Status:	Approved	Reviewer	Marge Schmuckal	Approval D	ate: 04/ Ok to Issu	/20/2007 e: ✓
Dept: Note:	Building	Status:	Pending	Reviewer	Residential Plan Revie	Approval D	ate: Ok to Issu	e: 🗆
				CERTIFICATIO				
have be urisdict	een authorized by tion. In addition, in ve the authority to	the owner to	to make this application or work described in the	on as his authorized ne application is iss	e proposed work is author agent and I agree to con ued, I certify that the coduable hour to enforce the	form to all app le official's auth	licable laws of orized repres	of this sentative
SIGNAT	ΓURE OF APPLICA	N		ADDRESS		DATE	P	НО
	NCIDI E DEDCON IN					DATE		