	y <b>of Portland, Mai</b> Congress Street, 041		_				07-1136	Issue Dat	e:	048 F02	8001	
Location of Construction:  Owner Name				1411 (207) 07 1 0710		Owner Address:				Phone:		
519	CUMBERLAND AVE		BENN JEREMY & AMANDA BENN			519 CUMBERLAND AVE						
Bus	iness Name:		Contractor Name: Home Owner			Contractor Address:				Phone		
Less	see/Buyer's Name		Phone:			Permit Type: HVAC				1	Zone:	
	t Use:		Proposed Use:			Permit Fee:				EO District:		
Μι	ılti-Family -		Multi-Family -			\$30.00		\$7	\$700.00 2			
			Heater in basement					Approved Denied	Use Gro	- ''		
Dno	posed Project Description	\m.				_						
	tall a Rinnai Heater in l					Sig	gnature:		Signature	e:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (P.	ICT (P.A.D.)		
						A	ction Appro	ved Ap	proved w/0	Condition	Denied	
						Signature:			]	Date:		
	mit Taken By:	_	pplied For:				Zoning	Approva	l			
ldobson 09/14				Special Zone or Revi		ews Zoning Appeal			Historic Preservation			
1.	This permit application Applicant(s) from me Federal Rules.			noreland		Variance		Not in District or Landr				
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous		☐ Does Not Require Revie			
3.	within six (6) months	nits are void if work is not started months of the date of issuance.			ood Zon		Conditional Us			Requires Review		
	False information mappermit and stop all wo	a building	Subdivision			☐ Interpretatio			Approved			
				Site Plan			Approved			☐ Approved w/Condition ☐ Denied		
					Mino MM	Denied						
				Date:			Date:			Date:		
I ha juri: shal	reby certify that I am the ve been authorized by saliction. In addition, if Il have the authority to uch permit.	the owner to a permit for	o make this appli r work described	med procession a	as his authorized application is iss	ne p l ag	ent and I agree that the contract of the contr	to conform ne code offi	to all app cial's autl	licable laws on orized representations of the contract of the	of this sentative	
	ī											
SIC	SNATURE OF APPLICAN				ADDRESS	<u> </u>		DATE	<u> </u>	P	НО	

Location of Construction: 519 CUMBERLAND AVE	3	Owner Name: BENN JEREMY & AN	MANDA BENN	Owner Address: 519 CUMBERLAND AVI	Phone:		
Business Name:		Contractor Name: Home Owner		Contractor Address:			
essee/Buyer's Name		Phone:		Permit Type: HVAC			Zone:
<b>Dept:</b> Historic	Status:	Approved	Reviewer	: Scott Hanson	Approval Dat	te: 09/2	28/2007
				ding about halfway back, blic way and therefore mee			: <b>V</b>
Dept: Zoning Note:	Status:	Approved with Conditio	ns <b>Reviewer</b> :	: Ann Machado	Approval Dat	te: 09/2	24/2007 : <b>V</b>
	approved o	n the basis of plans subm	nitted. Any devi	ations shall require a sepa			
	equires a se	parate review and approv	val thru Historic	Preservation. This property	y is located with	nin an Histor	ric
Dept: Building	Status:	Pending	Reviewer	Residential Plan Revie	Approval Dat	te:	
Note:						Ok to Issue	: 🗆
<b>Dept:</b> Fire	Status:	Approved	Reviewer	: Capt Greg Cass	Approval Dat	te: 10/1	15/2007
Note:						Ok to Issue	: <b>V</b>
			CERTIFICATIO	<b></b>			

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

SIGNATURE OF APPLICAN ADDRESS

DATE

PHO

to such permit.