## PERMIT ISSUED

DATE

PHONE

City of Portland, Maine	- Building or Use	Permit	Application	Permit No:	Issue Date		CBL:		
389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (	207) 874-8716	03-0373	APR 2	4 2003	292 F0	02001	
Location of Construction:	Owner Name:			Owner Address:			Phone:		
25 Maggie Ln		C G B Properties Llc			84 Country Ln CTY OF PORTL				
Business Name: Contractor Nam Jerrys Plumbi				Contractor Address: 22 Ridgeview Drive Biddeford			Phone		
							2072822319		
Lessee/Buyer's Name Phone:				Permit Type:				Zone:	
		i		HVAC					
Past Use:	Proposed Use:			Permit Fee:	Cost of Wor	k:	CEO District:	7	
Multi Family/3 Units	Multi Family/	Multi Family/3 Units		\$30.00	\$3	30.00	1		
	·					INSPEC	SPECTION:		
	]			_		Use Gro	oup: //	Type:	
				L	Demed	l	Leadin	71_	
			ĺ			/	Headir Headir A Me	Chance	
Proposed Project Description:	······					Ba	A Me	CHUNIC	
Install Gas Heating System in I	Basement/Direct Vent			Signature:		Signatu	<i>I</i> /K		
				PEDESTRIAN ACTI	VITIES DIST	RICT (P	ICT (P.A.D.)		
				Action: Approx	ved App	proved w/	Conditions	Denied	
				Signature:			Date:		
1	Date Applied For:	Zoning Approval							
gad	04/22/2003								
This permit application does not preclude the Applicant(s) from meeting applicable State and		l	Special Zone or Reviews Zoning Appea  Shoreland Variance				Historic Preservation  Not in District or Landmarl		
	<b>6</b> 1		☐ Wetland ☐ Miscellaneous				Does Not Require Review		
3. Building permits are void	<ul><li>3. Building permits are void if work is not started within six (6) months of the date of issuance.</li></ul>			☐ Flood Zone ☐ Conditional Use			Requires Review		
False information may inv permit and stop all work	☐ Subdivision ☐ Int			Interpretation		Approved			
		☐ Site	e Plan		ed		Approved w/	Conditions	
		Мај 🗌	Minor MM	Denied			Denied		
		Date:		Date:		Da	te:		
I hereby certify that I am the ow I have been authorized by the or jurisdiction. In addition, if a pe shall have the authority to enter such permit.	wner to make this appli rmit for work described	med propication as	s his authorized application is iss	e proposed work is agent and I agree sued, I certify that	to conform t the code off	to all ap icial's ai	plicable laws uthorized repr	of this esentative	
SIGNATURE OF APPLICANT									

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

•	<b>uilding or Use Permi</b> : (207) 874-8703, Fax:	Permit No: 03-0373	Date Applied For: 04/22/2003	CBL: 292 F002001		
Location of Construction: Owner Name:				Owner Address:	Phone:	
25 Maggie Ln		C G B Properties Llc		84 Country Ln		
Business Name:		Contractor Name:		Contractor Address:		Phone
Jerrys Plumbing & Heating		eating	22 Ridgeview Drive Biddeford		(207) 282-2319	
Lessee/Buyer's Name		Phone:		Permit Type: HVAC		
Proposed Use:			Propo	sed Project Description	:	
Multi Family/3 Units			Insta	III Gas Heating Syste	em in Basement/Direc	t vent
Dept: Zoning	Status:	Not Applicable	Reviewe	r: Tammy Munson	Approval Da	ate: 04/24/2003
Note:						Ok to Issue: 🗹
Dept: Building Note:	Status:	Approved with Conditio	ns <b>Reviewe</b>	r: Tammy Munson	Approval Da	ate: 04/24/2003 Ok to Issue: ✓



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

FILL IN AND SIGN WITH INK 03-03 731

PERMIT ISSUED

APR 24 2003

CITY OF PORTLAND

## **APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT**

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in

Installer's name and address <u>Jerry's Play</u> 46 BIDDE FORD I ME 04005	Telephone (207) 182-2319
Location of appliance:  Basement Roof Roof	Type of Chimney:  Masonry Lined Factory built
Appliance Name: Baxi Luna Bo. Jer U.L. Approved Yes No  Will appliance be installed in accordance with the manufacture's installation instructions? Yes No	Direct Vent Type UL#_  Type of Fuel Tank Gas
The Type of License of Installer:  Master Plumber #  Solid Fuel #  Oil #  Gas #  Other	Number of Tanks
Approved  Fire:  Ele.:  Bldg.:  Signature of Installer	Approved with Conditions  See attached letter or requirement