Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1595			310 E04	4001
Loc	ation of Construction:	Owner Name:	wner Name:			Owner Address:			Phone:		
51 Farnham St			Pernice Cynthia			51 Farnham St					
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone		
			Dead River Company			PO Box 467 Scarborough			207883951	.5	
Less	see/Buyer's Name		Phone:			Permit Type:				Zone:	
						HV	'AC				
Past	t Use:		Proposed Use:	: :		Permit Fee:		Cost of Wo	rk:	CEO District:	
single family home				ome w/new furnace		\$57.00		\$3,3	00.00	5	
			and oil burner			FIRE DEPT:		Approved	INSPEC		
								Denied	Use Gro	oup:	Type
	posed Project Description:		1 6 11 1								
Ins	tall new furnace and oil b	urner in si	ingle family nom	e		Ŭ ,			gnature:		
						PEDESTRIAN ACTIVITIES DISTRICT (I KICI (I	(P.A.D.)	
						Acti	on: Appro	ved App	proved w	/Condition	Denied
						Sign	ature:			Date:	
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval					
dn	nm	10/22	/2004		Zoimig Approvai						
1.	This permit application	does not	preclude the	Special Zone or Revie		ews	vs Zoning Appeal			Historic Preservation	
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			☐ Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
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			
			a building	Subdivision			☐ Interpretatio			Approved	
			Site Plan			☐ Approved			Approved w/Condition		
				Maj 🔲 Minor 🗌 MM 🗀			Denied			☐ Denied	
				Date:			Date:		Da	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.	owner to permit for	o make this appli r work described	med procation a	as his authorized application is iss	ne pro d ager sued,	nt and I agree I certify that the	to conform the code office	to all ap	plicable laws of thorized repres	of this sentative
SIG	GNATURE OF APPLICAN				ADDRES	S		DATE	3	Pl	НО

Location of Construction	: Owner Name:	Owner Address:	Phone:
51 Farnham St	Pernice Cynthia	51 Farnham St	
Business Name:	Contractor Name:	Contractor Address:	Phone
	Dead River Company	PO Box 467 Scarborough	2078839515
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:
Dept: Zoning Note:	Status: Approved	Reviewer: Tammy Munson	Approval Date: 11/04/2004 Ok to Issue: ✓
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 11/04/2004

1) Installation shall comply with 2003 International Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules

Ok to Issue:

Note:

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	РНО	