Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:		
389	Congress Street, 04101	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-0078			317 B00	4001	
Location of Construction: Owner N				r Name:			Owner Address:			Phone:		
357	7 Riverside St		Watson Bradford M &			357	'Riverside St					
Bus	iness Name:	Contractor Nan	Contractor Name:			tractor Addres	ss:		Phone			
n/a		Avery Services	every Services, Inc.		7 Thomas Drive Westbrook				2077728687			
Lessee/Buyer's Name Phone:				1		Permit Type:				,	Zone:	
n/a			n/a			HVAC						
Past Use: Proposed Use:					-	Permit Fee: Cost of Work:			rk: (CEO District:		
				Install Central AC		\$129.00			54.00	5		
			System for the	Show Room Area.		FIRE DEPT:		Approved	INSPEC	TION:		
								_		Jse Group:		
							L	Denied				
Pro	posed Project Description:					-						
	tall Central AC System fo		w rooom Area.			Signature: S			Signatur	Signature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (P	<u> </u>		
						Action: Approved Approve				d w/Condition Denied		
				Action: Approved			oved Ap	Approved w/Condition Denied				
						Sign	nature:			Date:		
Peri	mit Taken By:	Date A	pplied For:				Zoning	g Approva	l			
gg 01/28			/2004	04								
1.				Special Zone or Rev		ews	ews Zoning Appeal			Historic Preservation		
Applicant(s) from meeting application Federal Rules.			-	Shoreland		☐ Variance		[☐ Not in District or Landm			
2.	Building permits do not include plumbing, seption electrical work.			Wetland			Miscellaneous] [Does Not Require Revie		
3. Building permits are void if work is not st within six (6) months of the date of issuan				☐ Flood Zon			Conditional Us		[Requires Review		
	False information may in permit and stop all work	nvalidate		☐ Subdivision		☐ Interpretatio			Approved			
				☐ Si	te Plan		Appro	ved		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 plant to en uch permit.	owner to	o make this appli r work described	med procation a	as his authorized application is iss	e pro l age ued,	nt and I agree I certify that	to conform	to all app cial's aut	olicable laws of horized repres	of this sentative	
SIG	NATURE OF APPLICAN				ADDRESS	3		DATI	3	Pl	НО	

Location of Construction:	Owner Name:	Owner Address:	Phone:
357 Riverside St	Watson Bradford M &	357 Riverside St	
Business Name:	Contractor Name:	Contractor Address:	Phone
n/a	Avery Services, Inc.	7 Thomas Drive Westbrook	2077728687
Lessee/Buyer's Name	Phone:	Permit Type:	
n/a	n/a	HVAC	

02/24/2004 Dept: Zoning **Status:** Approved Reviewer: Marge Schmuckal **Approval Date:** Ok to Issue: ✓ Note: 05/04/2004 Dept: **Building Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** Ok to Issue: ✓ Note: 1) NO EQUIPMENT CAN BE SUSPENDED FROM THE ROOF SYSTEM. The engineer reports that the system cannot hold the load! Floor mounted system according to Doug Avery 5/4/04 MJN 02/25/2004 Dept: Fire Status: Approved Reviewer: Lt. MacDougal **Approval Date:** Ok to Issue: Note:

Comments:

01/28/2004-kwd: spoke w/Avery Services; will fax documentation of setbacks (large distance, shouldn't be an issue, but not initially provided). Kwd

02/05/2004-kwd: Still haven't received setback info; on HOLD. Kwd

02/19/2004-kwd: Received fax w/setback info, to zoning for review. Kwd

03/01/2004-mjn: Need roof system assessment for additional loading of steel duct work advised Doug from avery and building owner

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
-			
DECDONGIDLE DEDCON IN CHARGE OF WORK TIT	DATE	DIIO	