City of Portland, Maine - Build 389 Congress Street, 04101 Tel: (2		rmit No: 06-0013	Issue Date:		CBL: 342 B02	CBL: 342 B029001			
Location of Construction: Owner Name:					Owner Address: 35 MAIN ST		Phone:		
Business Name:	Contractor Name: Steve Faucher			Contractor Address: 134 South Street Biddeford				Phone 2072844532	
Lessee/Buyer's Name Phone:				Permit Type: HVAC				Zone:	
Trianco New		Home/ install a port Oil Fired Boiler in 275 gallon tank		Permit Fee: \$66.00 Cost of Wor \$4,50 FIRE DEPT: Approved Denied		00.00 INSPEC			
Proposed Project Description: Single Family Home/ install a Trianco w/ 275 gallon tank	ed Boiler in Basement		Signature:			TRICT (P			
					Signature:			Date:	
				Zoning Approval					
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, 		Special Zone or Reviews Shoreland		ews	Zoning Appeal Variance			Historic Preservation Not in District or Landn	
		Wetland			Miscellaneou			Does Not Require Revie	
septic or electrical work. 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	
			Subdivision		☐ Interpretati			Approved	
		☐ Si	te Plan		Approved			Approved w/Condition	
		Ma [Mino M	Denied				☐ Denied	
			Date:		Date:			Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are to such permit.	make this appli work described	med pro ication a l in the a	as his authorized application is is:	ne prop d agen sued, I	t and I agree t certify that th	o conform to ne code office	o all app cial's aut	plicable laws of thorized repres	of this sentative
SIGNATURE OF APPLICAN			ADDRES	S		DATE	<u> </u>	P	НО

Location of Construction: 48 RUBY LN	Owner Name: CUSTOM BUILT H	IOMES OF MAI	Owner Address: 35 MAIN ST	Phone:	Phone		
Business Name:	Contractor Name: Steve Faucher	IOMES OF MAI	Contractor Address: 134 South Street Biddeford	Phone 207284453			
Lessee/Buyer's Name	Phone:		Permit Type: HVAC	207201133	Zone:		
Dept: Zoning Status Note:	Pending Reviewe		: Ар	proval Date: Ok to Issud	oval Date: Ok to Issue:		
Dept: Building Status Note:	: Pending	Reviewer	: Ар	proval Date: Ok to Issud	e: 🗆		
		CERTIFICATIO)N				
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all to such permit.	er to make this application t for work described in the	property, or that the as his authorized application is is	ne proposed work is authorized d agent and I agree to conform t sued, I certify that the code office	o all applicable laws or cial's authorized repres	of this sentative		
SIGNATURE OF APPLICAN		ADDRES	S DATE	PI			