Cit	y of Portland, Main	e - Build	ling or Use Pe	ermit .	Application	Pe	rmit No:	Issue Dat	e:	CBL:		
389	Congress Street, 0410	01 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1758			371 A04	5001	
Location of Construction: Owner Name:						Owner Address:			Phone:			
25 BALLPARK DR BALLPARK D				RIVE DEVELOPMEN		67 HAVERTYS WAY						
Bus	iness Name:		Contractor Name:			actor Addres			Phone			
Qu			Quality Insulat	Quality Insulation			65 Downeast Drive Yarmouth			207846774	2078467745	
Lessee/Buyer's Name Phone:						Permit Type:				Zone:		
						HV	AC					
Past	t Use:		Proposed Use:			Permit Fee:		Cost of Wo	rk:	CEO District:		
•				Home/ install a Gas		\$57.00		\$3,2	10.00	0 5		
			direct vent Lennox Fireplace		replace	FIRE DEPT:		Approved	Approved INSPECTION:			
						☐ Denied		Use Group: Ty		Type		
							_					
Pro	posed Project Description	ı:										
ins	tall a Gas direct vent Len	nox Firep	lace			Signature: S		Signatu	ignature:			
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (I	T (P.A.D.)		
							on: Appro	ved App	proved w	d w/Condition Denied		
						Signa	ture:			Date:		
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval						
	obson		5/2005				Zomig	Approva	ı			
<b>_</b>				Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
1.	This permit application does not preclude th Applicant(s) from meeting applicable State a Federal Rules.		•	Shoreland			☐ Variance			☐ Not in District or Landm		
2.	Building permits do not include plumbing, se or electrical work.		olumbing, septic	☐ 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.			☐ Flood Zon		Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work				Subdivision		☐ Interpretatio			Approved			
				Site Plan			Approved			Approved w/Condition		
				Maj ☐ Minor☐ MM ☐			Denied			☐ Denied		
				Date:			Date:		D	Date:		
I ha juris	reby certify that I am the ve been authorized by the sdiction. In addition, if a	ne owner to a permit fo	o make this appli r work described	med procation a	as his authorized application is is	ne prop d agen sued, I	t and I agree certify that the	to conform the code office	to all ap cial's au	plicable laws of thorized repres	of this sentative	
	II have the authority to e uch permit.	nter all are	eas covered by st	icn per	mit at any reaso	павіе	nour to enfor	ce the prov	1810 <b>n</b> 01	me code(s) ar	ppiicable	
SIG	GNATURE OF APPLICAN				ADDRES	S		DATE	E	P	НО	

Location of Construction:	Owner Name:	Owner Address:	Phone:
25 BALLPARK DR BALLPARK DRIVE DEVI		67 HAVERTYS WAY	
Business Name:	Contractor Name:	Contractor Address:	Phone
	Quality Insulation	65 Downeast Drive Yarmouth	2078467745
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone:

Dept: Zoning Status: Approved **Reviewer:** Tammy Munson **Approval Date:** 12/15/2005 Ok to Issue: ✓ Note: 12/15/2005 Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** Ok to Issue: ✓ Note: 1) The installation must comply with the State of Maine Gas Regulations.

## **Comments:**

12/6/05-Idobson: need more information on unit - Told customer at counter said he would fax the information LJD

## 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	PHO
DESDONSIDI E DEDSON IN CHARCE OF WORK TIT		DATE	DIIO