City of Portland, Maine - 1	O			Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 T	el: (207) 874-8703	, Fax: (207) 874-8		2014-00367			372 A007036	
cation of Construction: WAKELY CT Owner Name: CAROLYN F		OSTER 1		Owner Address: 115 HOPE AVENUE PORTLAND ME 04103			Phone:	
Business Name:	Contractor Name	Contractor Name:		Contractor Address:			Phone	
Parsons Pond Condos		Shift Energy LLC mick@shiftnrg.com		2 Main Street Suite #17-302T Biddeford ME 04005			(207) 710-6116	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: HVAC			Zone:	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:		
Single Family Condo in PRUD Development with 167 residentia units	al PRUD Develo	Same: Single Family Condo in PRUD Development with 167 residential units		\$180.00 \$16,000.00 8 INSPECTION:				
Proposed Project Description:								
HVAC; installing Ductless mini								
	PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Approved Approved			, ,	d w/Conditions Denied			
	Signature:			Date:				
· ·	ate Applied For: 02/25/2014	Zoning Approvai						
This permit application does not preclude the		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State an Federal Rules.		Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar	
2. Building permits do not incl septic or electrical work.	Wetland		Miscella	Miscellaneous		Does Not Require Review		
3. Building permits are void if within six (6) months of the False information may inval	Flood Zone		Condition	Conditional Use		Requires Review		
permit and stop all work	Subdivision		Interpre	Interpretation		Approved		
		Site Plan		Approve	ed		Approved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied		
		Date:		Date:		Date:		
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a pernshall have the authority to enter a such permit.	ner to make this appl nit for work describe	ication as his authored in the application	at the rized a is issu	proposed work in agreed and I agreed that	to conform to the code offic	all appli ial's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE