City of Portland,	Maine - Bu	ilding or Use	Permi	t Application	ı Per	mit No:	Issue Date	:	CBL:	
389 Congress Street,	04101 Tel:	(207) 874-8703	B, Fax:	(207) 874-8710	5	03-0041	ļ		376	A053001
Location of Construction: Owner Name:				Owner Address:			Phone:			
15-19 Farm House Ln (lot #3) J S W		J S Wyse Buil	J S Wyse Builders Inc		9 Wildflower Ln					
Business Name:		Contractor Name	:		Contra	actor Address:			Phone	
n/a		CW Baldwin a	CW Baldwin and Sons		100 Winn Road Falmouth			20779	75511	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type:				Zone: >	
n/a		n/a			HV	AC				K
Past Use:		Proposed Use:			Permi	it Fee:	Cost of Wor	k:	CEO Distric	et:
Single Family		Single Family / Install 275 Gallon oil tank			\$30.00	\$	00.00			
				FIRE	DEPT:	Approved Denied	INSPE Use Gr	roup:	3 Type: S	
									4	73/93
Proposed Project Descript	ion:									1 1
Install heating system						Signature: Sig			natura M	
					PEDESTRIAN ACTIVITIES DISTRIC					
					Action				/Conditions	Denied
					Signat	ture:			Date:	
Permit Taken By:		Applied For: 17/2003	Zoning Approval							
gg			Sne	cial Zone or Revie	W.C.	Zonir	ng Appeal		Historic	Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		_							istrict or Landm	
2. Building permits do not include plumbing,		Shoreland Variance Wetland \$\frac{17}{2}\$ Miscellaneous Flood Zone Conditional Use			Does Not Require Review					
septic or electrical work.Building permits are void if work is not started within six (6) months of the date of issuance.			FI	ood Zone	/		onal Use		Requires	s Review
False information may invalidate a building permit and stop all work		☐ Su	ıbdivision		Interpret	ation		_ Approve	ed	
			☐ Si	te Plan		Approve	e d		_ Approve	ed w/Conditions
			Maj [Minor		Denied			Denied	
			Date:	15,10	2	Date:		D	Date:	5
				70.75						
			C	CERTIFICATIO	ON					
I hereby certify that I a I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner n, if a permit t	to make this appl for work describe	ication d in the	as his authorized application is is	agent	t and I agree it and I certify that	to conform the code of	to all ap ficial's a	pplicable la authorized	iws of this representativ
p										
SIGNATURE OF APPLICA	ANT			ADDRESS	,		DATE]	PHONE
DECDONICIDI E DEDCOM	NOUABCECE	WORK TITLE					Tr. 1 mm			DUONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE			PHONE	

City of Portland, Maine - Bui 389 Congress Street, 04101 Tel:	Permit No: 03-0041	Date Applied For: 01/17/2003	CBL: 376 A053001			
Location of Construction:	(Owner Address:		Phone:		
15-19 Farm House Ln (lot #3)		9 Wildflower Ln				
Business Name:	Contractor Name:	Contractor Address:			Phone	
n/a	CW Baldwin and Sons		100 Winn Road Fa	(207) 797-5511		
Lessee/Buyer's Name	Phone:		Permit Type:			
n/a n/a			HVAC			
Single Family / Install 275 Gallon oi	l tank	Install	heating system			
Dept: Zoning Status: A Note:	Approved	Reviewer:	Marge Schmucka		tte: 01/21/2003 Ok to Issue: ✓	
Dept: Building Status: A Note: 1) Must Comply w/ State Oil Burne	Approved with Conditions or Regs.	Reviewer:	Mike Nugent	Approval Da	tte: 01/23/2003 Ok to Issue: ✓	





APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.	376-A-053
accordance with the Laws of Maine, the Building Code of th	
Location 15-19-Farm House Wise Name and address of owner of appliance Joe Conse	of Building \mathcal{H} (2) Date $1.17.03$
Installer's name and address C & Baldain 450	2 2
100 Crinn Rd Falmous	1 M. Telephone 797-5511
Location of appliance: Basement	Type of Chimney: Masonry Lined Factory built 2 - Place
Type of Fuel: Gas Gil Solid	☐ Metal Factory Built U.L. Listing #
Appliance Name: HBSmith Canlin Band	Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes No IF NO Explain:	Type of Fuel Tank Oil Gas Size of Tank
The Type of License of Installer: ☐ Master Plumber # ☐ Solid Fuel # ☐ Oil # ☐ Gas #	Number of Tanks
Other	
Approved Fire: Ele.: Bldg.: Cluy (1/23/03) Signature of Installer Med Ballu	Approved with Conditions ☐ See attached letter or requirement
Dignature of Instance	