	ty of Portland, Mai		O			2013-02161	Issue Date:		382A B001001	
	Congress Street, 041	or rei: (.	207) 874-8703 	, Fax: (207) 874-8						
Location of Construction: 65 LAMBERT ST			TARA APTS LLC		Owner Address: 314 SPRING ST PORTLAND, ME 04102			E	Phone:	
Tara Apts B			Contractor Name:		Contractor Address:			Phone		
			Brian's Plumbing & Heating bgagne2@maine.rr.com			10 Forest Lane Cumberland ME			(207) 829-4179	
			Phone:		Permit Type: HVAC				Zone: R5	
Past	t Use:	Proposed Use:		Perm	it Fee:	Fee: Cost of Work:		CEO District:		
16 Dwelling Units on this CBL			Same: 16 Dwelling Units n this CBL		\$200.00 \$18,0 INSPECTION:		000.00 8			
Proj	posed Project Description:									
HVAC install Triangle Tube Prestige Solo 250 (2 uni										
						PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
				Action: Approved Approve				ed w/Conditions Denied Date:		
Permit Taken By: Date Applied For:					Zoning Approval					
bjs 09/24/2013						Zoming Approval				
1.	This permit application does not		preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting application Federal Rules.				Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar	
2.	septic or electrical work.			☐ Wetland		Miscell	aneous		Does Not Require Review	
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			of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan		Conditi	onal Use		Requires Review	
			a bunding			Interpre	erpretation		Approved	
						Approved		Approved w/Conditions		
				Maj Minor MM Date:		☐ Denied			Denied	
						Date:	Date:		Date:	
I ha juri	ereby certify that I am the two been authorized by the sdiction. In addition, if	he owner to a permit fo	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all applial's aut	licable laws of this horized representative	
	ll have the authority to e h permit.	mer all are	eas covered by si	ucn permit at any re	asonal	ole nour to enfo	te the provision	ON OT th	e code(s) applicable to	
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE