	y of Portland, Mai Congress Street, 04		0			P	07-1518	Issue Dat	e:	390 A01	19001	
			Owner Name:	, ,		Owner Address:		Phone:				
			Blackmer Minott P &			50 Alpine Rd						
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone			
Gobeil P & A				Mechanical Co. Inc.		199 Cleaves Street Biddeford				207229366	55	
Lessee/Buyer's Name Phone:					Permit Type: HVAC			Zone:		Zone:		
				w/oil boiler w/metal		Permit Fee: Cos \$120.00		Cost of Wo	ost of Work: CEO District: \$6,000.00			
								\$6,0				
bestos c			bestos chimne	chimney		FIRI	E DEPT:	Approved	INSPEC			
								Denied	Use Gro	up	Type	
D												
_	posed Project Descripti Boiler w/metal bestos					Ciam	otumos		Signatur			
On	Doner willetar bestos	ciminicy				Signature:			Signatur			
						Acti	ion Appro	ved App	proved w/0	Condition	Denied	
						Sign	nature:]	Date:		
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval						
ld	obson	12/21	/2007									
1.	This permit applicati			Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance		Not in District or Landn					
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneou			☐ 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			☐ Interpretati			Approved		
				Site Plan			Approved		Approved w/Condition			
				Ma Mino M			Denied		☐ Denied			
				Date:			Date:		Da	Date:		
I ha juris shal	reby certify that I am t ve been authorized by sdiction. In addition, i Il have the authority to uch permit.	the owner to f a permit for	o make this appli r work described	med procession a	as his authorized application is iss	ne pro l agen sued,	nt and I agree t I certify that th	to conform to ne code office	to all app cial's autl	olicable laws of the horized representation of the horized represe	of this sentative	
						~					***	
SIG	SNATURE OF APPLICAN	1			ADDRES	S		DATE	Ė	P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:
14 Basket Ln	Blackmer Minott P	· &	50 Alpine Rd	
Business Name:	Contractor Name:		Contractor Address:	Phone
Gobeil P &		hanical Co. Inc.	199 Cleaves Street Biddeford	2072293665
Lessee/Buyer's Name	Phone:		Permit Type: HVAC	Zone:

Dept: Note:	Zoning	Status:	Approved	Reviewer:	Jeanine Bourke	Approval Date: Ok to	12/21/2007 o Issue: ✓
Dept:	Building	Status:	Approved	Reviewer:	Jeanine Bourke	Approval Date:	12/21/2007
Note:						Ok to	o Issue: 🔽

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO