	y of Portland, Maine -	Permit No: 05-1814		Issue Dat	Issue Date:		CBL: 403 A005001				
389 Congress Street, 04101 Tel: (207) 874-8703  Location of Construction: Owner Name:			. ,								
	ation of Construction: FLORIDA AVE		Owner Name: JONES JACOB & LAUREN JONES J			Owner Address: 92 FLORIDA AVE			Phone:		
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone		
		Dead River Co	Dead River Company			Box 467 Scarb	orough		2078839515		
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: HVAC			Zon		Zone:	
	t Use:	Proposed Use:			Permit Fee: Cost of Wor						
Single Family Home		Single Family	Home/ install a Cast replacement		\$120.00		\$10,3	\$10,375.00 4			
		Burnnam V83 Boiler in baser			<u> </u>		Approved	INSPEC		Т	
							Denied	Use Gr	oup	Type	
Pro	posed Project Description:										
	tall a Burnham V83 Cast rep	lacement Boiler in base	ement		Signature:			Signature:			
					PEDESTRIAN ACTIVITIES DISTR			TRICT (I	CICT (P.A.D.)		
					Action Approved Approved Approve			roved w	ed w/Condition Denied		
					Signa	nture:			Date:		
Permit Taken By: Date Applied For: 12/19/2005				Zoning Approval							
1.			Special Zone or Reviews		ews	vs Zoning Appeal			Historic Preservation		
1.	<ul> <li>This permit application does not preclude the Applicant(s) from meeting applicable State ar Federal Rules.</li> </ul>		Shoreland			Variance			Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland			Miscellaneou			Does Not Require Revie		
3.	•		☐ Flood Zon		Conditional Us			Requires Review			
	False information may invergermit and stop all work		building Subdivision  Site Plan			☐ Interpretati			Approved		
					☐ Approve		ed	I Ap		/Condition	
			Ma Mino M [			Denied		☐ Denied			
				Date:		Date:			Date:		
I ha juri sha	ereby certify that I am the ow twe been authorized by the o sdiction. In addition, if a per Il have the authority to enter uch permit.	wner to make this appli rmit for work described	med procession and the second	as his authorized application is iss	ne prop d agen sued, I	t and I agree to certify that the	to conform to ne code office	o all ap cial's au	plicable laws thorized repre	of this sentative	
07.0	NATURE OF ARRIVAN			ADDRES	<u> </u>		D 1 mm	,			
SIC	SNATURE OF APPLICAN			ADDRES	3		DATE	L.	Р	НО	

Location of Construction:	Owner Name:	TREN IONES I	Owner Address:		Phone:			
92 FLORIDA AVE Business Name:	JONES JACOB & LAU Contractor Name:	JREN JONES J	92 FLORIDA AVE Contractor Address:	Phone				
business ivanic.	Contractor Name:  Dead River Company		PO Box 467 Scarborough		Phone 2078839515			
Lessee/Buyer's Name	Phone:		Permit Type: HVAC			Zone:		
Dept: Zoning Status:	Pending	Reviewer	<u> </u>	Approval D	Approval Date:			
Note:					Ok to Issue	: 🗆		
Dept: Building Status:	Pending	Reviewer	:	Approval Date:				
Note:						Ok to Issue:		
		CERTIFICATIO	)N					
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit for shall have the authority to enter all at to such permit.	to make this application a or work described in the a	as his authorized application is iss	agent and I agree to confoued, I certify that the code	orm to all app official's auth	licable laws o norized repres	f this entative		
						pricable		