Cit	y of Portland, Maine -	Building or Use Pe	rmit A	Application		Permit No:	Issue Dat	e:	CBL:	
	,	G				04-1297			409 E030	0001
Location of Construction: Owner Name:				Owner Address:			Phone:			
15 Daggett St Russell Patricia			ı A &		19	19 Mitchell Hill Rd				
Bus	iness Name:	Contractor Nam	Contractor Name:		Co	ontractor Address	:		Phone	
		Bob Miles & S	sob Miles & Son, Inc.		RR 2, Box 509A Yarmouth			2078469374		
Lessee/Buyer's Name Phone:					Permit Type:				Zone:	
					F	HVAC				
Past Use: Proposed Use:								C	EO District:	
sin	gle family	_	install a Burnham tank						4	
	-	Boiler w/275 ta			FI	RE DEPT:				-1
							l			
Pro	posed Project Description:									
nst	all a Burnham Boiler w/275 t	ank								
					PEDESTRIAN ACTIVITIES DISTRICT (P.			A.D.)		
							App	Approved w/Condition		
						_	_		_	
		Date Applied For:								
			Enco	ial Zana an David		. T			Historic Pres	annation
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			ial Zone or Revi	ews			_	Historic Preso	ervation
									Not in Distri	ct or Landma
									-	
2.									Does Not Require Revie	
_	or electrical work.								٦	
3.	<i>C</i> 1								_	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work									П	
	permit and stop an work								Approved w/Condition	
									Approved w/Condition	
			Maj ☐ ☐ MM						7	
			1124)				-			
				CERTIFICATIO	N					
I he	reby certify that I am the ow	mer of record of the na				proposed work is	authorized	by the ov	vner of recor	d and that
	ve been authorized by the ov									
	sdiction. In addition, if a per									
	l have the authority to enter	all areas covered by su	ıch peri	nit at any reasoi	nat	ole hour to enforce	e the prov	ision of th	ne code(s) ap	plicable
to s	uch permit.									
SIG	NATURE OF APPLICAN			ADDRESS	S		DATE	E	PI	Ю

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:		
15 Daggett St	Russell Patricia A &	19 Mitchell Hill Rd			
Business Name:	Contractor Name:	Contractor Address:	Phone	Phone	
	Bob Miles & Son, Inc	. RR 2, Box 509A Yarmouth	207846937	4	
Lessee/Buyer's Name	Phone:	Permit Type: HVAC		Zone:	
Dept: Zoning	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 09/	22/2004	

Ok to Issue: Note: 09/22/2004 Dept: Building Status: Approved **Reviewer:** Jeanine Bourke **Approval Date:** Ok to Issue: ✓ Note:

1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules

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
DESDONSIDI E DEDSON IN CHADGE OF WORK TIT		DATE	DHO