City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						mit No: 07-1164	Issue Dat	Issue Date:		CBL: 422 B008001	
Location of Construction: Owner Name:				207) 874-8716							
						Owner Address: 4885 PARK RIDGE BLVD			Phone:		
Bus	iness Name:	Contractor Nan	Contractor Name:			Contractor Address:			Phone		
		Union Oil Com	Union Oil Company			63 Ocean St. So Portland			2077991521		
Lessee/Buyer's Name Pho		Phone:	Phone:		Permit Type: HVAC				Zone:		
Past Use:		Proposed Use:	_				Cost of Wo		CEO District:		
Co	mmercial - Pack Edge			stall a Reznor gas				,820.00 4			
		neating system	heating system for Pack		FIRE DEPT: Approved				Туре		
							Denied	Use Gi	roup.	Туре	
Proj	posed Project Description:										
Ins	tall a Reznor gas heating s	ystem for Pack Edge	Pack Edge		Signature:		Signature:				
					PEDESTRIAN ACTIVITIES DIST			RICT (P.A.D.)			
					Action Approved Approve			proved w	red w/Condition Denied		
					Signat	ture:			Date:		
Permit Taken By: Date Applied For:				Zoning Approval							
	nartin	09/20/2007	Special Zone or Reviews		owe.	s Zoning Appeal			Historic Preservation		
1.	This permit application of Applicant(s) from meetir Federal Rules.	-	Shoreland		Variance			Not in District or Landn			
2.	Building permits do not i septic or electrical work.	Building permits do not include plumbing,		☐ Wetland		Miscellaneous			☐ 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 in permit and stop all work	validate a building	☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved		
						Approved			Approved w/Condition		
			Maj Mino MM		Denied			☐ Denied			
			Date:			Date:		D	ate:		
I ha juri: shal	reby certify that I am the over been authorized by the sdiction. In addition, if a pll have the authority to entent uch permit.	owner to make this appli ermit for work described	med procession and the second	as his authorized application is iss	ie prop l agent ued, I	and I agree t certify that th	o conform to ne code office	o all ap cial's au	oplicable laws othorized repre	of this sentative	
SIGNATURE OF APPLICAN			ADDRESS DATE			P	НО				

Location of Construction: 352 PRESUMPSCOT ST Owner Name: COLLINS BRUCE D JR			e connta t	Owner Address: 4885 PARK RIDGE BLV		Phone:	
		. & SUNNA L		ע			
Business Name:		Contractor Name:		Contractor Address:		Phone	
		Union Oil Company		63 Ocean St. So Portlan	d	2077991521	
essee/Buyer's Name		Phone:		Permit Type:			Zone
				HVAC			
Dept: Zoning	Status:	Approved	Reviewer	: Marge Schmuckal	Approval Da	te: 09/2	0/200
Note:				·		Ok to Issue	: ✓
Dept: Building	Status:	Pending	Reviewer	•	Approval Da	te:	
Note:						Ok to Issue	: □
Dept: Fire	Status:	Approved with Condition	s Reviewer	: Deputy Chief Shutts	Approval Da	te: 09/2	7/200
Note:						Ok to Issue	: V
1) All construction shall	comply wi	th NFPA 101					
	oly with NI						
2) Installation shall comp	oly with NI						
2) Installation shall comp	oly with NI						
2) Installation shall comp	oly with NI						
2) Installation shall comp	oly with NI						
2) Installation shall comp	oly with NI						
2) Installation shall comp	oly with NI						
2) Installation shall comp	oly with NI						
2) Installation shall comp	oly with NI						

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
DECDONCIBLE DED SON IN CHARGE OF WORK TIT	DATE	рно	