City of Portland, Maine - Building or Use Permit Applicat 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-					[Permit No: 07-0123	Issue Dat	e:	CBL: 428 B014	4001
Location of Construction:Owner Name:593 WASHINGTON AVEO'DONNELL O'		GREGORY P SR & AN		Owner Address: 593 WASHINGTON AVE			Phone:			
			Contractor Name: Dead River Company		Contractor Address: PO Box 467 Scarborough			Phone 207883951	Phone 2078839515	
Lessee/Buyer's Name		Phone:	Phone:			Permit Type: HVAC				Zone:
Past Use: 2 Family Home			Proposed Use: 2 Family Home - replacement boiler install new Weil Mclain boiler in basement			ermit Fee: \$80.00	Cost of Wo \$5,7	95.00	CEO District: 4	
					Approved			PECTION: e Group Type		
Proposed Project Description: replacement boiler install new Weil Mclain boiler in ba						0	ignature:			
						PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action Approved Approved w/Condition				Denied
					S	ignature:			Date:	
Permit Taken By:Date Applied For:ldobson02/05/2007						Zoning	g Approva	l		
1.	This permit application do		Spec	Special Zone or Reviews		s Zoning Appeal			Historic Preservation	
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			Variance		Not in District or Landma		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneou			Does Not Require Revie		
 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 			Flood Zon		Conditional Us			Requires Review		
			Subdivision		Interpretati			Approved		
			🗌 Si	te Plan		Approv	ved		Approved w/	Condition
			Ma [Mino 🗌 M		Denied			Denied	
			Date:			Date:		D	ate:	

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	РНО	

Location of Construction: 593 WASHINGTON AVE			Owner Name: O'DONNELL GREGORY P SR & AN		Owner Address: 593 WASHINGTON AVE		Phone:	
Business Name:		Contractor Name: Dead River Company		Contractor Address: PO Box 467 Scarborough		Phone 2078839515		
Lessee/B	uyer's Name		Phone:		Permit Type: HVAC			Zone:
Dept: Zoning Status: F Note:		Pending Reviewer		er: Approval Date: Ok to Issue		e: 🗌		
Dept: Note:	Building	Status:	Pending	Reviewer	:	Approval Dat	e: Ok to Issu	e: 🗆

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			DUO
SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО