Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1606			437 C00	6001
Location of Construction: Ow			Owner Name:			Owner Address:				Phone:	
54 SAMUEL RD			SKIDGEL CHARLES R & PAULINE			54 SAMUEL RD					
				ontractor Name:			Contractor Address:			Phone	
				& Garden		753 Broadway South Portland			207799937	72	
						Permit Type:					Zone:
						H۱	VAC				
Past Use: Proposed Use:					Permit Fee: Cost of World		rk:	CEO District:			
-				Home/ Install a		\$48.00		\$2,6	99.00	4	
			Harmon Pellet	Harmon Pellet Stove on the floor		FIRE DEPT:		Approved	INSPEC	SPECTION:	
								Denied	Use Gro	oup:	Type
	posed Project Description:										
Ins	tall a Harmon Pellet Stove	e on the f	loor			Signature: Sign			Signatu		
						PEDESTRIAN ACTIVITIES DISTRICT (I			TRICT (F	P.A.D.)	
						Acti	ion: Appro	ved Ap	proved w/	Condition	Denied
						Sign	nature:			Date:	
Perr	mit Taken By:	Date A	pplied For:						1		
	obson	10/31				Zoning Approval					
1	This parmit application	does not	nraeluda tha	Spec	ial Zone or Revi	ews	s Zoning Appeal			Historic Preservation	
1.	 This permit application does not preclud Applicant(s) from meeting applicable Sta Federal Rules. 			Shoreland		☐ Variance			☐ Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
3.				☐ Flood Zon		☐ Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved	
			Site Plan			☐ Approved			Approved w/Condition		
				Maj Minor MM		☐ Denied			☐ Denied		
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a ll have the authority to en uch permit.	e owner to 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 I certify that the	to conform he code offi	to all app cial's aut	plicable laws of thorized repres	of this sentative
SIG	GNATURE OF APPLICAN				ADDRES			DATI		Di	HO
SIO	MITTERE OF ATTERCENT				ADDICES	,		DAII	_	11	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:	
54 SAMUEL RD	SKIDGEL CHARLES R & PAULINE	54 SAMUEL RD		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Yerxas Lawn & Garden	753 Broadway South Portland	2077999372	
Lessee/Buyer's Name	Phone:	Permit Type:		
		HVAC		

Zoning **Status:** Approved **Approval Date:** 10/31/2005 Dept: **Reviewer:** Jeanine Bourke Ok to Issue: ✓ Note: **Status:** Approved with Conditions Reviewer: 10/31/2005 Dept: **Building** Jeanine Bourke **Approval Date:** Ok to Issue: Note: 1) Inspector check UL listing inside door of unit 2) Must be installed per manufacturers specifications for clearances and venting

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