City of Portland, Maine - B	Permit No: 06-0461		Issue Date:		CBL: 438 A01	CBL: 438 A014001			
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874- Location of Construction: 108 YALE ST Owner Name: WESCOTT & PAYSON II				Owner Address:			Phone:		
108 YALE ST WESCOTT & Business Name: Contractor Name James Jackso			ne:		240 HARVARD ST Contractor Address: 30 Bolton Portland			Phone 2078131810	
Lessee/Buyer's Name				Permi	ermit Type: HVAC			Zone:	
Past Use: Single Family Home		Single Family Home/ install a weil Mclain direct vent natural gas boiler			Прриочец		00.00 INSPEC		
Proposed Project Description: install a weil Mclain direct vent i	Signature: PEDESTRIAN ACTIVITIES DISTE Action			TRICT (F					
Permit Taken By: Date Applied For: 04/07/2006			Zoning Approval					- Dute.	
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews Shoreland		Zoning Appeal Variance			Historic Preservation Not in District or Landn		
 Building permits do not include plumbing, septic or electrical work. 			☐ Wetland		Miscellaneou			☐ Does Not Require Revie	
3. 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	
			ıbdivision		☐ Interpretati			Approved	
		☐ Si	te Plan		Approve	ed		Approved w	/Condition
			Mino M] Denied		☐ Denied		
		Date:			Date:		Da	nte:	
I hereby certify that I am the own I have been authorized by the ow jurisdiction. In addition, if a pern shall have the authority to enter a to such permit.	ner to make this appli nit for work described	med pro cation a l in the a	as his authorized application is iss	ne prop l agent sued, I	t and I agree to certify that th	o conform t e code offic	o all app cial's aut	plicable laws of thorized repres	of this sentative
SIGNATURE OF APPLICAN		ADDRESS		DATE		РНО		НО	

Location of Construction: 108 YALE ST	Owner Name: WESCOTT & PAYSO		vner Address: 40 HARVARD ST	Phone:			
Business Name:	Contractor Name: James Jackson	Con	ntractor Address:) Bolton Portland		Phone 2078131810		
Lessee/Buyer's Name	Phone:		rmit Type: IVAC			Zone:	
Dept: Zoning Statu Note:	s: Pending	Reviewer:		Approval Date: Ok to Issue: □			
Dept: Building Statu Note:	s: Pending	Reviewer:	eviewer:		Approval Date: Ok to Issue:		
		CERTIFICATION					
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a perm shall have the authority to enter a to such permit.	er to make this application it for work described in the	as his authorized ag application is issued	ent and I agree to conf I, I certify that the code	form to all app e official's auth	licable laws o orized repres	f this entative	
SIGNATURE OF APPLICAN		ADDRESS		DATE	PH	Ю	