



Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 45 eastern Promenade Unit 9C

Tax Assessor's CBL: _____ Chart # _____ Block # _____ Lot # _____ Cost of Work: \$ 35,000

Proposed use (e.g., single-family, retail, restaurant, etc.): Condominium

Current use: Residential Past use, if currently vacant: _____

Commercial

Multi-Family Residential

One/Two Family Residential

Type of work (check all that apply):

<input type="checkbox"/> New Structure	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Change of Ownership - Condo Conversion
<input type="checkbox"/> Addition	<input type="checkbox"/> Fence	<input type="checkbox"/> Change of Use
<input checked="" type="checkbox"/> Alteration	<input type="checkbox"/> Pool - Above Ground	<input type="checkbox"/> Change of Use - Home Occupation
<input type="checkbox"/> Amendment	<input type="checkbox"/> Pool - In Ground	<input type="checkbox"/> Radio/Telecommunications Equipment
<input type="checkbox"/> Shed	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Radio/Telecommunications Tower
<input type="checkbox"/> Demolition - Structure	<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Tent/Stage
<input type="checkbox"/> Demolition - Interior	<input type="checkbox"/> Commercial Hood System	<input type="checkbox"/> Wind Tower
<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Tank Installation/Replacement	<input type="checkbox"/> Solar Energy Installation
<input type="checkbox"/> Garage - Detached	<input type="checkbox"/> Tank Removal	<input type="checkbox"/> Site Alteration

Project description/scope of work (attach additional pages if needed):

Remodel 2 Bathrooms, move one wall in on Bathroom Back 2 feet to increase interior of Bathroom

Applicant Name: Robert Libby Phone: (207) 318-8255

Address: 430 River Rd Windham ME 04092 Email: BrownshillProp@aol.com

Lessee/Owner Name (if different): Mark Winkworth Phone: (213) 304-1010

Address: 45 eastern Promenade Unit 9C Portland ME 04101 Email: MJWinkUSA@gmail.com

Contractor Name (if different): _____ Phone: (____) _____ - _____

Address: _____ Email: _____

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: [Signature] Date: 3/30/17

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.