

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 040785

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED JUN 1 1 2004 CITY OF PORTLAND

This is to certify that Morning Street Condo Owners Assoc/Phoenix Associates

has permission to demo exterior brick wall & investigate e

AT 55 Morning St

003 B005011

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or otherwise used-in. HOURLY NOTIFICATION REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other

PERMIT ISSUED JUN 1 1 2004 CITY OF PORTLAND

Handwritten signature and date 6/11/04

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

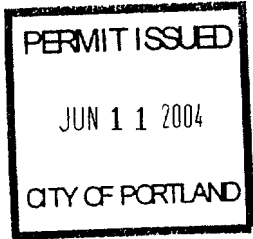
Permit No: 04-0785	PERMIT ISSUED Issue Date: JUN 11 2004	CBL: 003 B005011
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Location of Construction: 55 Morning St	Owner Name: Morning Street Condo Owner Assoc	Owner Address: 55 Morning St CITY OF PORTLAND	Phone: 207-775-2052
Business Name:	Contractor Name: Phoenix Associates	Contractor Address: PO Box 349 Gray	Phone: 2072330506
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone: 2-6

Past Use:	Proposed Use: condo's - demo exterior brick wall & investigate extent of rot	Permit Fee: \$246.00	Cost of Work: \$25,000.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: R Type: BOLA 1999	
		Signature: _____	Signature: _____	
		DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: tmm	Date Applied For: 06/11/2004	Zoning Approval	
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Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 6/11/04	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 6/11/04
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703. Fax: (207) 874-8716

Permit No: 04-0785	Date Applied For: 06/11/2004	CBL: 003 B005011
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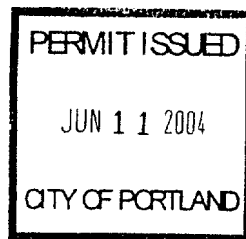
Location of Construction: 55 Morning St	Owner Name: Morning Street Condo Owner Assoc	Owner Address: 55 Morning St	Phone: 207-775-2052
Business Name:	Contractor Name: Phoenix Associates	Contractor Address: PO Box 349 Gray	Phone: (207) 233-0506
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

condo's - demo exterior brick wall & investigate extent of rot	demo exterior brick wall & investigate extent of rot
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Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 06/11/2004
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 06/11/2004
Note: **Ok to Issue:**

1) This permit is for the demolition only, as discussed, a separate permit is required to rebuild brick and repair extent of rot.



City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0785	Date Applied For: 06/11/2004	CBL: 003 B005011
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Location of Construction: 55 Morning St	Owner Name: Morning Street Condo Owner Assoc	Owner Address: 55 Morning St	Phone: 207-775-2052
Business Name:	Contractor Name: Phoenix Associates	Contractor Address: PO Box 349 Gray	Phone: (207) 233-0506
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

Proposed Use: Condo's - demo exterior brick wall & investigate extent of rot	Proposed Project Description: demo exterior brick wall & investigate extent of rot
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Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 06/11/2004
Note: **Ok to Issue:**

1) This permit is for the demolition only, as discussed, a separate permit is required to rebuild brick and repair extent of rot.



Total Square Footage of Proposed Structure ^{Repair} 100 ±		Square Footage of Lot 6000 ±
Tax Assessor's Chart, Block & Lot Chart# 003 Block# B Lot# 005011	Owner: 55 Morning Street CONDO OWNERS ASSOCIATION	Telephone: 775-252
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	cost Of Work: \$ 25,000 ± Fee: \$ 246
Current use: <u>CONDOS</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: _____		
Contractor's name, address & telephone: <u>Phoenix Associates</u> PO Box 349 Gray, Me 04029		
Who should we contact when the permit is ready: <u>Uinal Zepeda</u>		
Mailing address: <u>PO Box 349 Gray, Me. 04039</u>		
We will contact you by phone when the permit is ready, You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>233-1506</u>		

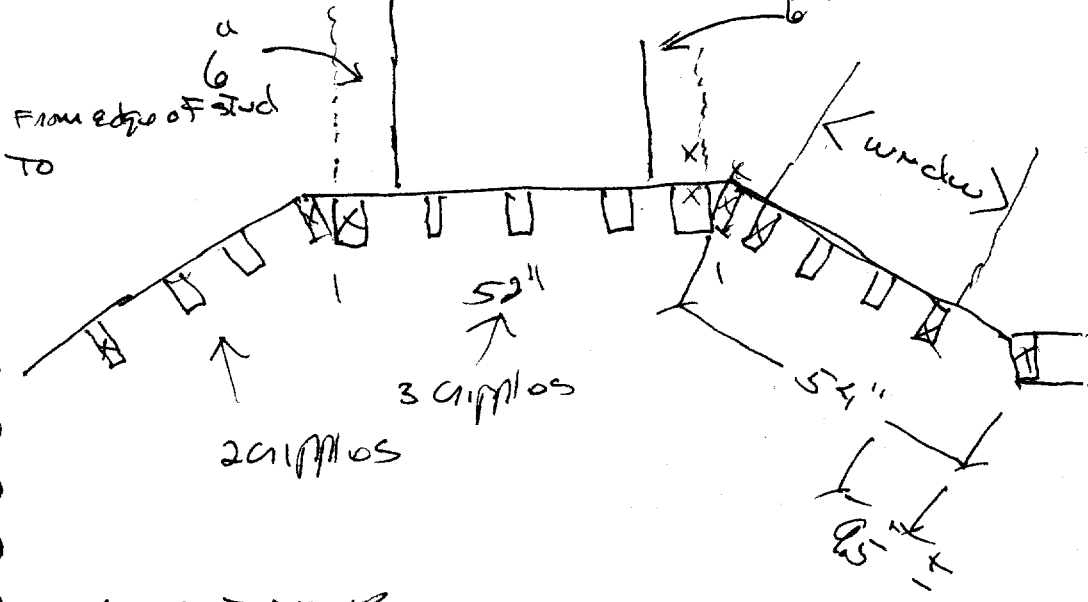
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: Uinal Zepeda Date: 6-10-2004

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

04-0785



X = CONTINUOUS

Plate At Line of ceiling trim

