City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						Permit No: Issu 08-0563		ssue Date:		CBL: 003 N004001	
	ation of Construction:	Owner Name:	гах: (2	207) 874-8710	Owne	r Address:			Phone:		
	OBRION ST	WILHOITE DO	LORES	S M & ROBER		BRION ST			I none.		
Bus	iness Name:	Contractor Nan				actor Address			Phone		
		Rental Refresh	ers	T		lifford Street	South Portla	ınd	20779990	1	
Lessee/Buyer's Name Phone:			Permit Type: Change of Ownership - Dwel		lings		Zone:				
		Proposed Use:			Perm	it Fee:	Cost of Wo				
2 F	Family Home	Single Family from 2 family t		-	\$105.00		•	\$105.00 1			
		Remove 1 kitcl		ranning nome -	`		-	Use Gr		Туре	
							Denied	OSC GI	e Group.		
Proposed Project Description:											
Change of use from 2 family to single family home - Re				kitchen	Signat	ture:		Signatu	ire:		
					PEDE	STRIAN ACTI	VITIES DIST	RICT (I	P.A.D.)		
					Actio	n Approx	ved App	roved w	/Condition	Denied	
					Signa	ture:			Date:		
	mit Taken By: obson	Date Applied For: 05/22/2008				Zoning	Approval	l			
1.	This permit application does not preclude the Applicant(s) from meeting applicable State Federal Rules.		Spec	ial Zone or Revi	ews	Zonin	g Appeal		Historic Pres	servation	
			Shoreland			☐ Variance	e		Not in District or Landa		
2.	Building permits do not in septic or electrical work.	nclude plumbing,	□w	etland		☐ Miscella	neous		Does Not R	equire Revie	
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zon			Condition	onal Us		Requires Re	view	
	False information may investigate permit and stop all work	validate a building	a building Subdivision Site Plan			☐ Interpretatio			☐ Approved		
					Approved			Approved w/Condition			
			Maj Mino MM			Denied		☐ Denied			
			Date:			Date:		D	Date:		
I ha juri: shal	ereby certify that I am the overee been authorized by the consdiction. In addition, if a pell have the authority to ente	owner to make this appliermit for work described	med procession a	as his authorized application is iss	ne prop l agent sued, I	t and I agree t certify that th	o conform to ne code offic	o all ap cial's au	plicable laws thorized repre	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRES:	5		DATE		P	НО	

Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 05/29/2008 Note: Ok to Issue: ✓ 1) The removal of any dwelling units will extinguish any legal nonconforming rights. Any future change of use to add dwelling units shall require all underlying code requirements to be met PRIOR to the installation of any new residential unit by means of applying for a building permit will all the necessary submittals. 2) The removal of a dwelling unit requires the removal of all kitchen facilities as proposed on the third floor. All sink plumbing shall be relocated behind floors or walls depending upon the plumbing location. All electrical related to a stove shall be remove and relocated behind floors or wall depending upon the electrical location. 3) This property shall remain a single family dwelling with the issuance of this permit and subequential certificates of occupancy. Any change of use shall require a separate permit application for review and approval.	Location of Construction: 36 OBRION ST	Owner Name: WILHOITE DOLOR	ES M & ROBER	Owner Address: 36 OBRION ST		Phone:	
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	•	eus: Pending	Reviewer	: Residential Plan Revie	Approval Da		e: 🗆

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