Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BU

PERMIT

Permit Number: 100693

This is to certify that BROKISH THOMAS	J & SAR. B AUL Derty Own
has permission toChange of use from 2	Family to gle Fam Home
AT 43 MUNIOY ST	CBI 003 N005001
provided that the person or pers	
of the provisions of the Statutes	
the construction, maintenance a this department.	and use buildings and structures, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	Notification of spection must be give individual ermission rocured before his builting or partiere of is lather or other many ed-in. 24 HOU NOTICE IS REQUIRED. A certificate of occupancy must be procured by owner before this building or part thereof is occupied. PERMIT ISSUED.
OTHER REQUIRED APPROVALS Fire Dept.	
Health Dept.	
Appeal Board	
Other Department Name	Director Build Bys Director
	ENALTY FOR REMOVING THIS CARD

City of Portland, Maine	- Building or Use	Permit Application	n Permit No:	Issue Date:	CBL:	-6-7	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871					003 N005001		
Location of Construction:	Owner Name:	<u> - ` </u>		_ _	Phone:	_ <u>;</u> =====	
43 MUNJOY ST	BROKISH TH	BROKISH THOMAS J & SARAH					
Business Name:	Contractor Name:		Contractor Address:		Phone		
Property Owne		er	Portland				
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:		
}			Change of Use -	Dwellings		K-6	
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	8 498	
2 unit residential		Home - Change of	\$105.00	\$105.00	<u> </u>	. 10	
}	1	nily to Single Family	FIRE DEPT:	Approved INSP	ECTION:		
{	Home		1 1 1	Denied Use C	Group: [2. 5]	Гуре: 5/5	
}			\ .//7	7	ection: froup: R. S 1 TRG 24		
				r 1 ₋	IRG 24	703	
Proposed Project Description:			1 / / /	·	//		
Change of use from 2 Family	to Single Family Home		Signature:	Signa	// 13//		
			PEDESTRIAN ACT	IVITIES DISTRICT	(P.A.A.)	`	
			Action: Approx	ved [Approved	w/Conditions 1	Dented	
			}				
 			Signature:		Date:		
Permit Taken By:	Date Applied For:		Zoning	Approval			
ldobson	06/15/2010						
1. This permit application d		Special Zone or Revie	ews Zoni	ng Appeal	Historic Preservation		
Applicant(s) from meetin	g applicable State and	Shoreland	│ ☐ Varianc	e	Not in District or Landmark		
Federal Rules.		{	{	ļ.			
2. Building permits do not it	nclude plumbing,	Wetland	Miscella	Miscellaneous		Does Not Require Review	
septic or electrical work.		}	}		{		
3. Building permits are void if work is not started		Flood Zone	Zone Conditional Use		Requires Review		
within six (6) months of the date of issuance.				}			
False information may in permit and stop all work.		Subdivision Interpretation		tation	Approved		
permit and stop an work,	•	} _	[]	}			
		Site Plan	Approved		Approved w/Conditions		
PERMIT IS:	SUFD						
I ETHALL IOOUED		Meio Minor MM	Denied		Denied \		
		Of withcom	arts	***		}	
JUN 2 4 2010		Date;	Date:		Date:		
		76/15	n				
City of Docto	and	(• -	100				
City of Portle	11 I U						
		CERTIFICATI					
I hereby certify that I am the o							
I have been authorized by the							
jurisdiction. In addition, if a p							
shall have the authority to ente such permit.	an meas covered by st	ion permit at any reason	navie hom to entor	e me brovision o	r me code(s) appi	ncaule (0	
P.4-16-161							
	- 						
SIGNATURE OF APPLICANT		ADDRES	S	DATE	PHON	E	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



Original Receipt

•••	(o. 15 20/1)
Received from	oma Brotish
Location of Work	43 Munjoy
	Building Fee: 30
	Site Fee:
Certi	ficate of Occupancy Fee:
	Total:
(Building (EL) Plumbing (IS)	Electrical (I2) Site Plan (U2)
Other	· · ·
CBL: 3 NS	
Check #: 1304	Total Collected s 10 5

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by:	<i>7.</i>	1	}_
•		$\neg \mathbf{V}$	

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

City of Portland, Maine - Buil	ding or Usa Darmi	•	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (~		16 10-0693	06/15/2010	003 N005001
Location of Construction:	Owner Name:		Owner Address:		Phone:
43 MUNJOY ST	BROKISH THOMAS	J & SARAH	43 MUNJOY ST		
Business Name:	Contractor Name:	 	Contractor Address:		Phone
	Property Owner		Portland		
Lessee/Buyer's Name	Phone:	1	Permit Type:		
		İ	Change of Use -	Dwellings	
Proposed Use:		Prop	osed Project Description	:	
Single Family Home - Change of use	from 2 Family to Single	, , , , , , , , , , , , , , , , , , ,	inge of use from 2 Fa		ily Home
Family Home	, ,	1			
Dept: Zoning Status: A	approved with Condition	ns Review	er: Marge Schmuck	al Approval	Date: 06/15/2010
Note:	ipproved with condition	110 14011011	or, mage by made		Ok to Issue:
		TC.II		. T. Landa and Joseph and	
 This change of use has been initial residential two unit, all nonconforms 					
dwelling units shall be required to				Any future request	to add (esidential
•	•			sinte diabusakan	shall be removed in
 All kitchen facilities including bu their entirety from the existing 2n 		microwaves, r	errigerators, kitchen	sinks, disawasaers,	shan be removed in
, and the second			Car in T. I.		
 This property shall remain a single change of use shall require a sepa 				sequent certificate o	or occupancy. Any
, ,	• • • • • • • • • • • • • • • • • • • •		• •		
 This permit is being approved on work. 	the basis of plans subm	nited. Any de	viations shall require	a separate approval	before starting that
work.					
Dept: Building Status: A	approved with Condition	ns Review	er: Tammy Munson	Approvai	Date: 06/24/2010
Note:			-	* -	
T .					Ok to Issue:
1) This is a Change of Use ONLY p	ermit. It does NOT auth	norize any con	struction activities.		Ok to Issue:

service in the building and battery.

PERMIT ISSUED

JUN 2 4 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- X Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

JUN 2 4 2020

City of Portland

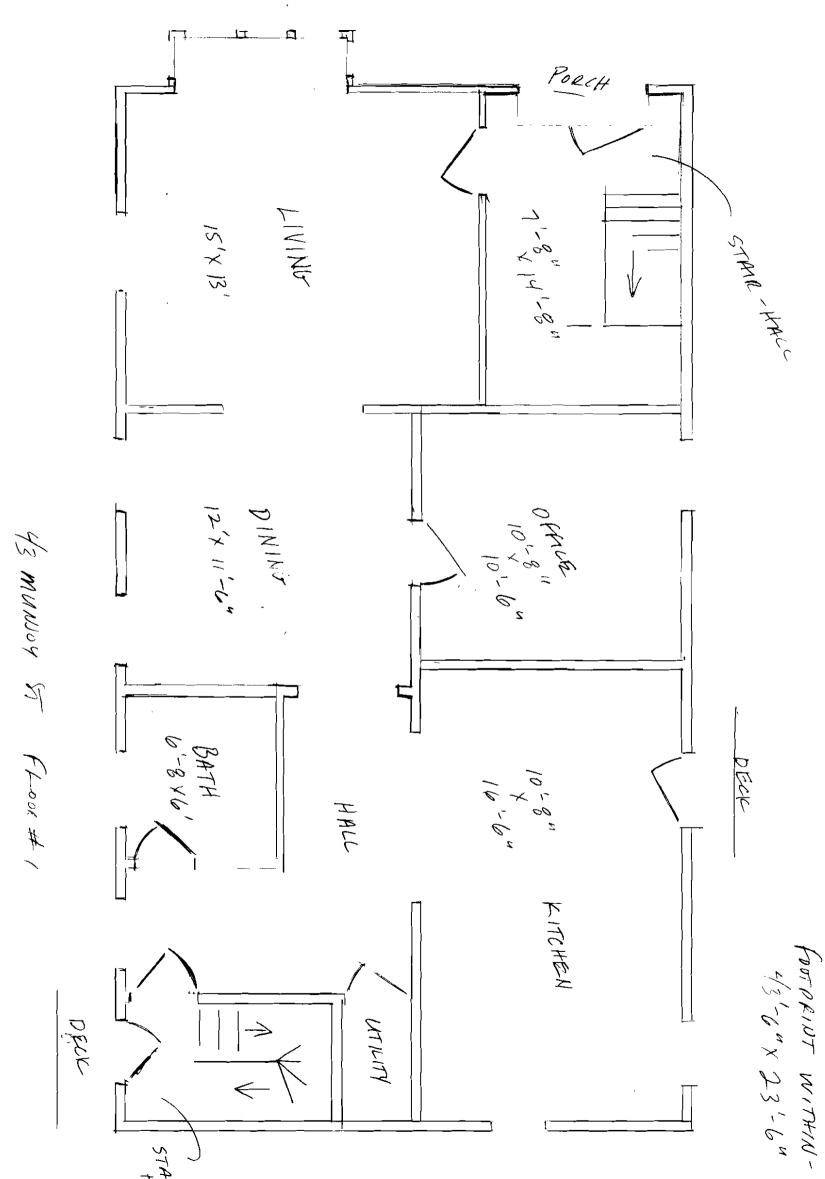
CBL: 003 N005001 Building Permit #: 10-0693

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: Total Square Footage of Proposed Structure/Area This Assessor's Chart, Block & Lot Chartf Block & Lot Chartf Block Lot Address 4's MUNION ST. Cry, tate & Zip POLITANO, ME Care, tate & Zip POLITANO, ME Care taged use (i.e. single family) If wacant, what was the previous use? Proposed Specific use Is property part of a subdivision? If yes, please name Project description: CHANIA Foom MULTIFAMILY TO SMILE FAMILY Contractor's name. Address: City, State & Zip Telephone: Project description: CHANIA Foom MULTIFAMILY TO SMILE FAMILY Who should we contact when the permit is ready Who should we contact when the permit is ready Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. Telephone: Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. Torder to be sure the City fully understands the full scope of the project of the proje			
Total Square Footage of Proposed Structure/Area Tax Assessor's Chart, Block & Lot Chartf Block & Lot City, Iaze & Zip FOOTAW, Or Name Address 45 MUNIO Y 57 City, Iaze & Zip Cot Of Name Address City, State & Zip Cot Of Oree \$ Total Fee: \$ Total Fee	Location/Address of Construction:	43 Munioy S	St se
Current legal use (i.e. single family) Current legal use (i.e. single family) Current legal use (i.e. single family) Mult Number of Residential Units Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Solve Family Project description: CHANGE Feem MULT / Family OWLUTH Telephone: Who should we contact when the permit is ready Maling address: Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. Telephone: Project descriptions wist the Inspections Division of the project of t	Total Square Footage of Proposed Structu	ure/Area Soure Fhotage	of Low Number of Stories
Current legal use (i.e. single family) Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: SINGA FAMICY Is property part of a subdivision? If yes, please name: Project description: CHANCA FOOM MULCT FAMICY DWILLIAG Contractor's name: Address: City, State & Zip Who should we contact when the permit is ready: Who should we contact when the permit is ready: Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. A corder to be sure the City fully understands the full scope of the process the proposed work and at I have been authorized by the owner to record of the named property, or will the owner of record authorizes the proposed work and at I have been authorized by the owner to make this application as his her authorized agent, Legacy to conform to all applicable we of this jurisdiction. In addition, if a permit for work described in the manifold of the information to enforce the ovisions of the codes applicable to this permit.	Chart# Block# Lot#	Name THOMAS d.	Bukish 207-
If yearnt, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: CHANCE FROM MULTIFAMILY TO STREET FAMILY Contractor's name: Address: City, State & Zip Who should we contact when the permit is ready: Mailing address: Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. To order to be sure the City fully understands the full scope of the project of the pr	Lessee/DBA (If Applicable)	Name Address	C of O Fee: \$
City, State & Zip	Project description: CHANGE FOR CONTRACTOR'S name:	eom MUCTIFAMIC	Y TO STWORK FAMILY
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. In order to be sure the City fully understands the full scope of the project the Planting and Development Department that request additional information prior to the issuance of planting formation or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections invision office, room 315 City Hall or call 874-8703. Interest y certify that I am the Owner of record of the named property, or had the owner of record authorizes the proposed work and at I have been authorized by the owner to make this application as his/her authorized agent. Laures to conform to all applicable was of this jurisdiction. In addition, if a permit for work described in this permit diags. It is a certify that the Code Official's thorized representative shall have the authority to enter all areas covered in Restlandial at thy reasonable hour to enforce the ovisions of the codes applicable to this permit.			
do so will result in the automatic denial of your permit. In order to be sure the City fully understands the full scope of the project, the Hamilgand Development Department may request additional information prior to the issuance of permit Formation or to download copies of his form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections invision office, room 315 City Hall or call 874-8703. Thereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and at I have been authorized by the owner to make this application as his/her authorized agent. Laures to conform to all applicable we of this jurisdiction. In addition, if a permit for work described in this permit diags with a feet of the code Official's thorized representative shall have the authority to enter all areas corosed by Biogliania at thy reasonable hour to enforce the ovisions of the codes applicable to this permit.			
the property and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections in form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections in invision office, room 315 City Hall or call 874-8703. 15 2010 16 perceive certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and at I have been authorized by the owner to make this application as his/her authorized agent. Laurge to conform to all applicable we of this jurisdiction. In addition, if a permit for work described in this permit limits with a first reasonable hour to enforce the ovisions of the codes applicable to this permit.			
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gnature:	at I have been authorized by the owner to make we of this jurisdiction. In addition, if a permit for thorized representative shall have the authority to	this application as his/her authorized age work described in this paintidings less	ent. Lagree to conform to all applicable of the conformation of the conforma
		•	

This is not a permit; you may not commence ANY work until the permit is issued



12,412, 2000 coou CANDING STATE HALL 11 + 10, 8 r 45 MUNISH FLOOR #2 56 Xuhitl CLOSKYJ -1 STA((C + + 4)) LINEN !