

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|------------------------------|--------------------|----------------------------|
| Permit No: 06-1798 | Issue Date: | CBL: 003 A003001 |
|------------------------------|--------------------|----------------------------|

| | | | |
|---|---|---|-------------------------------|
| Location of Construction: 176 EASTERN PROMENADE | Owner Name: Casco Bay Ventures | Owner Address: 223 Woodville Road | Phone: 207-797-7752 |
| Business Name: | Contractor Name: Casco Bay Ventures | Contractor Address: 223 Woodville Road Falmouth | Phone: 2077977752 |
| Lessee/Buyer's Name | Phone: | Permit Type: Change of Use - Dwellings | Zone: |

| | | | | |
|--|---|---|---------------------------------------|---------------------------|
| Past Use: Two Family | Proposed Use: Change of use to a Single Family Home - Remodel Kitchen and baths | Permit Fee: \$775.00 | Cost of Work: \$68,000.00 | CEO District: 1 |
| Proposed Project Description: Remodel Kitchen and baths | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type | |
| | | Signature: | Signature: | |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied | | | | |
| | | Signature: | Date: | |

| | | | | |
|------------------------------------|--|------------------------|--|--|
| Permit Taken By: Idobson | Date Applied For: 12/19/2006 | Zoning Approval | | |
|------------------------------------|--|------------------------|--|--|

| | | | |
|--|---|---|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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.. | Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date: | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: | Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date: |
| | | | |

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 | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | | DATE | PHO |

| | | | |
|---|---|---|-------------------------------|
| Location of Construction: 176 EASTERN PROMENADE | Owner Name: Casco Bay Ventures | Owner Address: 223 Woodville Road | Phone: 207-797-7752 |
| Business Name: | Contractor Name: Casco Bay Ventures | Contractor Address: 223 Woodville Road Falmouth | Phone: 2077977752 |
| Lessee/Buyer's Name | Phone: | Permit Type: Change of Use - Dwellings | Zone: |

| | | | |
|---|---|------------------------------|---|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Ann Machado | Approval Date: 12/20/2006 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) With the issuance of this permit and the certificate of occupancy, this property shall be a single family dwelling. Any change of use shall require a separate permit application for review and approval. | | | |
| 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. | | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Tom Markley | Approval Date: 12/22/2006 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. | | | |
| 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process. | | | |

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

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO