

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

Location of Construction:		Owner:		Phone: 874-6004	Permit No: 991359
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	Zoning Approval: 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"/>
Past Use:	Proposed Use:	COST OF WORK: \$		PERMIT FEE: \$	
Proposed Project Description:		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: [Signature]		INSPECTION: Use Group: R3 Type: 5B BOCA 90 Signature: [Signature]	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
Permit Taken By:		Date Applied For:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>	

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..

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

PERMIT ISSUED WITH REQUIREMENTS CEO DISTRICT

COMMENTS

1/27/00 Close to request revised plans confirm fire separation
OK to close to (D)

2/7/00 Plumbing w/ Arthur - water Test Good - Main Body - All Back vented appropriately
See attached ammended Plans approved 2/4/00. Water supply lines had city pressure.
Also check out per plans stairs from 2nd Floor, Hall to 3rd F/ JB
Bedroom Unit #1 * These are not here! JB

6/6/2000 Apt #2 is OK for CGO. Allow

9/14/00 closed. OK

Inspection Record

Type

Date

Foundation: _____
Framing: _____
Plumbing: _____
Final: _____
Other: _____