

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

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| Permit No: 06-0784 | Issue Date: | CBL: 012 A005003 |
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|---|--|---|-----------------------------|
| Location of Construction: 145 ANDERSON ST | Owner Name: HARK ROBERT S | Owner Address: 145 ANDERSON ST # 3 | Phone: |
| Business Name: | Contractor Name: Chretien Construction | Contractor Address: 35 Bery Rd Saco | Phone: 2072295843 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: |

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|--|---|---|---------------------------------------|----------------------|
| Past Use: Residential / Condo | Proposed Use: Residential / Condo Extend loft area over living room and extending sprinkler system to code. | Permit Fee: \$120.00 | Cost of Work: \$10,500.00 | CEO District: |
| Proposed Project Description: Extend loft area over living room and extending sprinkler system to code | | 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: | | | | |

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| Permit Taken By: dmartin | Date Applied For: 05/23/2006 | Zoning Approval | | |
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| 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"/> | 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 | 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: | Date: | 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.

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| SIGNATURE OF APPLICAN | ADDRESS | DATE | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | | DATE | PHO |

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|---|---|---------------------------------|---|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Ann Machado | Approval Date: 06/14/2006 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. | | | |
| 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. | | | |
| 3) This property shall remain as eight residential condominium units. Any change of use shall require a separate permit application for review and approval. | | | |
| Dept: Building | Status: Approved | Reviewer: Mike Nugent | Approval Date: 06/21/2006 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Fire | Status: Approved with Conditions | Reviewer: Cptn Greg Cass | Approval Date: 06/14/2006 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) Sprinkler design by licensed contractor | | | |
| 2) All construction shall comply with NFPA 101 | | | |

Comments:
6/15/2006-mjn: Need header and guard detail, 1 hr rated floor & stair system (type 5A construction)

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