Form # P 04 DISPLAY THIS CA	ARD <i>o</i> n principal fr	ONTAGE OF WORK
Please Read Application And Notes, If Any, Attached	PERMIT	್ರಿ 🖡 ಸಿಹಾಗದ 122 ಕೆ.ಕೆ. 🤹 ತಿರ್ದಾರೆಗಳು ಸಂಪರ್ಧವನ್ನು ಸ್ಥಾನ ನಿ
This is to certify that <u>Mcdonald</u> Sheldon/Col	lin Gr	<u></u>
has permission to <u>demo after fire and rep</u> a	air hit is stair is and is s	Balada in to constantly in T
AT37 Boynton St		053 A014001
provided that the person or perso of the provisions of the Statutes the construction, maintenance and this department.	of None and of the sence	ting this permit shall comply with all es of the City of Portland regulating ures, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	N ication inspection must give and we in permission procu- bere this to thing or the thereo- lated or contractions atosed-in. H R NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS		\sim
Heath Dept Appeal Board		ANA L
Other DepartmentName	(Director-Bullding & Inserticion Services

PENALTY FOR REMOVING THIS CARD (L)

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City of Portland, Maine	- Building or Use	Permit Application	n Permit No:	Issue Date:	CBL:		
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-871	6 04-1274	<u> </u>	, 053_A014001		
Location of Construction:)wner Name:		Owner Address:		Phone:		
27 Boynton St	Mcdonald She	Mcdonald Sheldon					
Business Name:	Contractor Name	:	Contractor Address:		Phone		
	Colin Grorg		PO Box 324 Case	0	12073292387		
Lessee/Buyer's Name	l'hone:		Permit Type:		Zone:		
Past Use:	I'roposed Use:		Permit Fee:	Cost of Work:	CEO District:		
multi family 3 units	multi family 3	units demo after fire	\$741.00	\$80,000.00	2		
Proposed Project Description:	Frindly Du	elli units	Signature: PEDESTRIAN ACTI	U MM Signa	(P.A.D.)		
			Action: Approved Approved w/Conditions Denied Signature: Date:				
Permit Taken By: dmartin	Date Applied For: 08/30/2004		Zoning	Approval	/		
	-	Special Zone or Revie	ews Zonii	ng Appeal	Historic Preservation		
 This permit application d Applicant(s) from meetin Federal Rules. 		Shoreland	Uarianc	e	Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		Wetland	Miscella	neous	Does Not Require Review		
 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 		Flood Zone	Conditio	onal Use	Requires Review		
		Subdivision	Interpret	ation	Approved		
		Site Plan	Approve	ed	Approved w/Conditions		
		of with a	ond 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, 1 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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE		DATE	PHONE

City of Portland, Maine - Buil 389 Congress Street, 04101 Tel: (Permit No: 04-1274	Date Applied For: 0813012004	CBL: 053 A014001					
\mathbf{c}				wner Address:	Phone:			
27 Boynton St	Mcdonald Sheldon							
Business Name:	Contractor Name:			contractor Address:		Phone		
	Colin Grorg		F	PO Box 324 Casco	(207) 329-2387			
Lessee/Buyer's Name	Phone:		P	Permit Type:				
				Alterations - Multi	Family			
Proposed Use:		Prop	osed	Project Description:				
multi family 3 units demo after fire ar	nd repair each unit	den	no at	fter fire and repair	hallways stairwells a	nd units		
	-			-				
Dept: Zoning Status: A	pproved with Condition	s Review	er:	Marge Schmucka	1 Approval Da	te: 0813112004		
Note:				C		Ok to Issue: 🗹		
 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. 								
2) This property shall remain a three (3) family dwelling. Any change of use shall require a separate permit application for review and approval.								
3) 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: A	pproved with Condition	s Review	er:	Mike Nugent	Approval Da	te: 09/24/2004		
Note:				Ũ		Ok to Issue: 🗹		
1) Furnace room protection plans must be submitted and approved								
Dept: Fire Status: A	pproved with Condition	s Review	er:	Lt. MacDougal	Approval Da	te: 09/01/2004		
Note:						Ok to Issue: 🗹		
1) the boiler shall be seperated with a one hour enclosure or smoke seperated with a domestic sprinkler								
2) smoke detectors shall be installed	in accordance with NFP	A 101						
,								
3) vertical openings shall be fire rated with a minimum of one hour rating								

				*	
	2	,			

All Purpose Building Permit Application

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

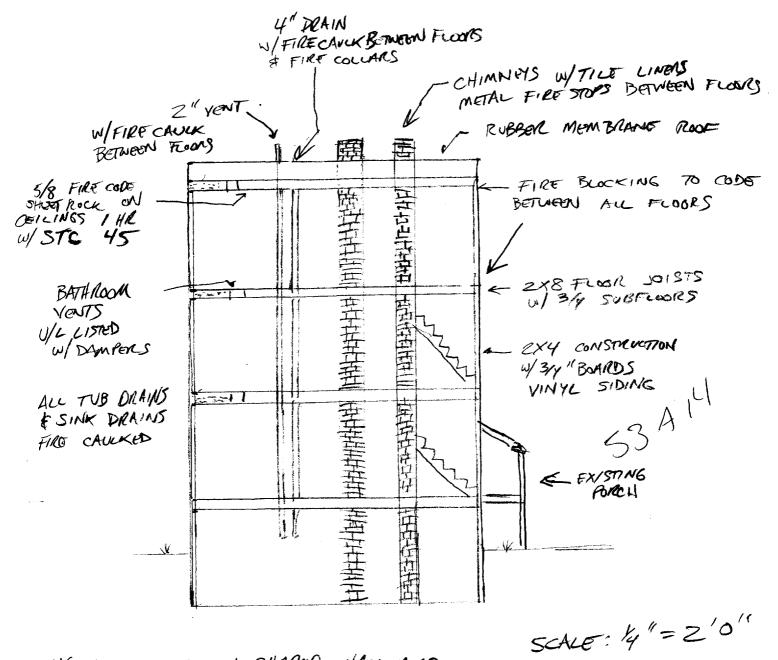
Location/Address of Construction: 2	7/29.	BOYN	ITUN ST,				
Total Square Footage of Proposed Struct	ure	Squa	are Footage of Lot				
Tax Assessor's Chart, Block & LotChart#Block#Lot#53ADIY	Owner: SHECT	DoN	MeDONAD		Telephone: 207 233-9166		
Lessee/Buyer's Name (If Applicable)	Applicant r telephone: COLIN G 329-2		address &		st Of 9000 ork: \$ @\$49,000 or \$ 7417		
Current use: <u>MUGI FAMILY APTS</u> . If the location is currently vacant, what was prior use: <u>MUI & CAMALLY APTER</u> Approximately how long has it been vacant: <u>Z MOUTHS</u>							
Project description:	s Repa	ù	lachuint ?	<u>3</u> n	1-5 		
Contractor's name, address & telephone:	COLIN 6	2016	Po Box 324	Siq	Bco 04077		
Ur				_			

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARIMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes **the** proposed work and that I have **been** authorized by the owner to **make** this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the CodeOfficial's authorized representative shall have the authority to enter **al** areas covered by this permit at any **reasonable** hour to enforce the provisions of the codes applicable to this permit.

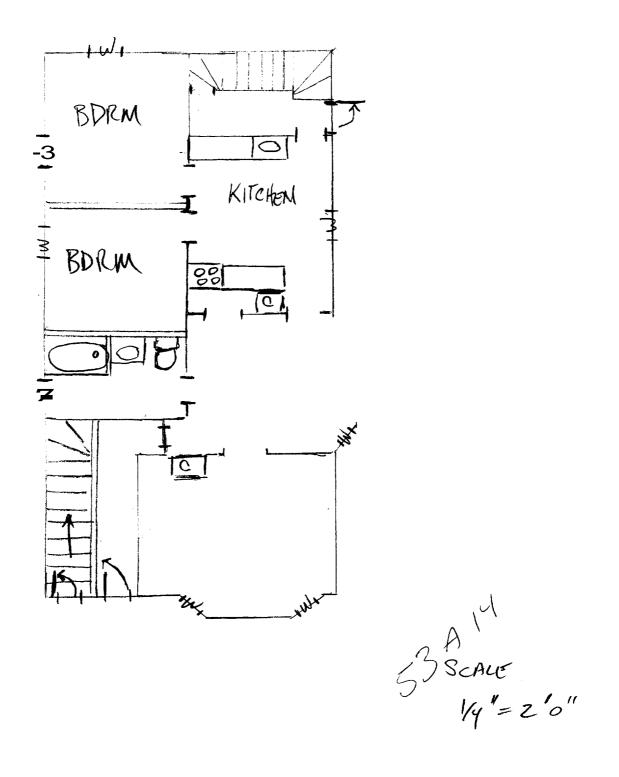
Signature of applicant: Date:

This is NOT a permit. you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



* ALL DOORS IN SHARED HALLWAYS 90 MIN. FIRE RATING ALL COMMON HALLWAY WALLS 2HR FIRE RATING ZLAYER SHEET ROCK EACH SIDE WISTE 45 TYPICAL FLOOR PLAN

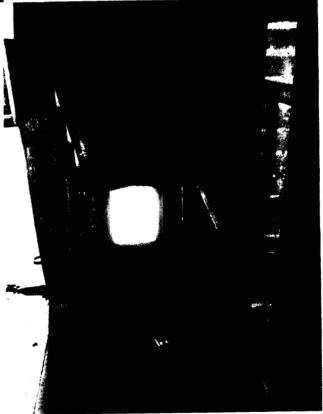
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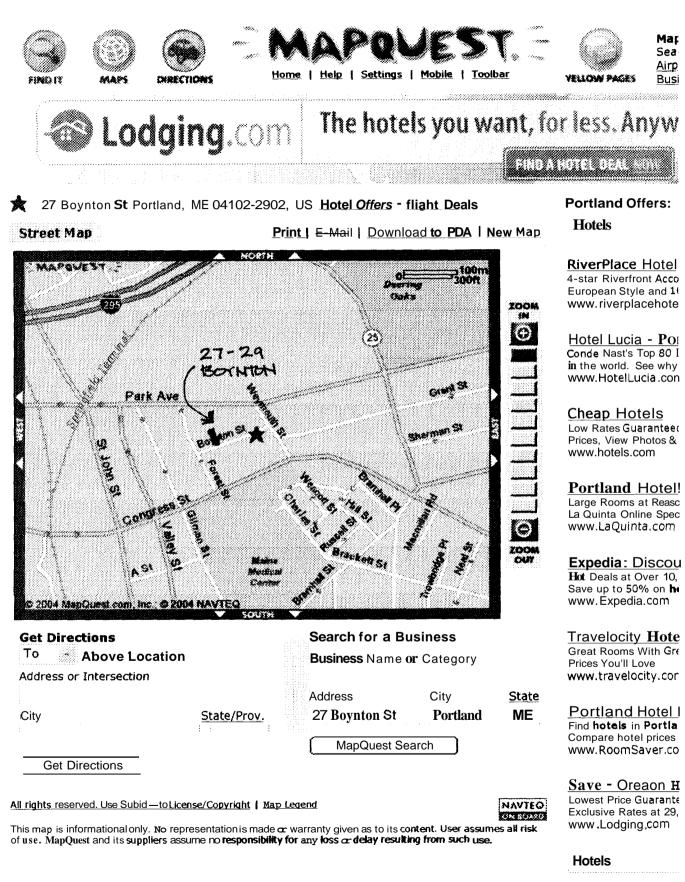


Front entry hall

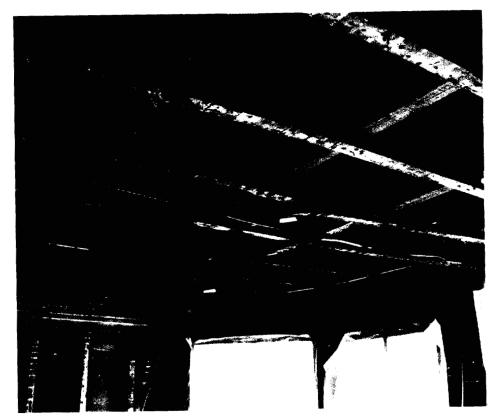


Stairway at front entry

Holt & Lachman Architects/Planners



A



Fire damage at 2nd floor ceiling



Studs at floor level, no fire blocking