

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 030881

Please Read Application And Notes, If Any, Attached

This is to certify that Graham John M / M & M Industries  
has permission to Rehab attic space for fourth floor usage.  
AT 85 Cumberland Ave

*Permit Application has expired & abandoned 1/7/08*

013 1027001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work in progress must be reported before this building or part thereof is occupied or services resumed. HOUR NOTIFICATION REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

#### OTHER REQUIRED APPROVALS

Fire Dept. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_

Department Name

Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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# City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0881	Issue Date:	CBL: 013 I027001
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Location of Construction: 85 Cumberland Ave	Owner Name: Graham John M	Owner Address: 85 Cumberland Ave # 2	Phone: 207-491-1660
Business Name: n/a	Contractor Name: M & M Industries <i>mark</i>	Contractor Address: 90 Pearl St. #1 So. Portland	Phone: 2073294875
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: <i>R6</i>

Past Use: Multi Family / 3 Unit	Proposed Use: Multi Family / Rehab attic space for fourth floor usage. <i>New Danner</i>	Permit Fee: \$156.00	Cost of Work: \$15,000.00	CEO District: 1	Zone: <i>1985</i>
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Proposed Project Description: Rehab attic space for fourth floor usage.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
	Signature: <i>W. King</i>	Signature: <i>Application expired + abandoned</i>

Permit Taken By: gg	Date Applied For: 07/23/2003	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>8/7/03</i>	<b>Zoning Appeal</b> <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 Date:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
	<i>7 maximized</i> <i>506 off principal under 14-436</i> <i>to remain 3 D.U. only</i> <i>exemption to planning</i> <i>OK with conditions</i>		

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