Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND PERMIT ISSUED Please Read ERECTION Application And Notes, If Any, Permit Number: 061417 PERM Attached **FEB** - 1 2007 BRADSTREET SHANE K ane Bradstreet This is to certify that CITY OF PORTLAND Restoration & remodel after has permission to

AT 29 MERRILL ST

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

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

rm or the continuous lepting this permit shall comply with all aine and of the Continuous of the City of Portland regulating e of buildings and of the application on file in

014 F001001

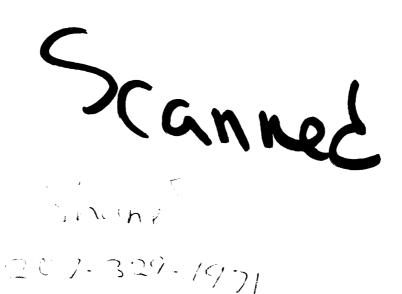
ificatio of inspanon mustern and ven permonent on product or this ilding of art there is need or corruit cosed-in 4 UR NO company of the CUIRED

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

Remul Educe 2/1/07

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



City of Portland, Maine	e - Buil	ding or Use	Permi	t Application	n Per	rmit No:	Issue Date	:	CBL:	
389 Congress Street, 04101	0				I I			014 F001001		
Location of Construction:		Owner Name:			Owner Address:			Phone:		
29 MERRILL ST		BRADSTREET SHANE K			29 MERRILL ST					
Business Name:		Contractor Name:			Contractor Address:			Phone		
		Shane Bradstreet			29 Merrill Portland			2073291971		
Lessee/Buyer's Name		Phone:	1	Permi	Permit Type:			Zone:		
					Alterations - Multi Family					RL
Past Use:		Proposed Use:			Permit Fee: Cost of Work:			k:	CEO District:	
3 unit residential		3 Unit Resider	estoration &	\$1,580.00 \$156,000.0		00.00	I	1		
		remodel after		FIRE DEPT: Approved		INSPE	SPECTION:			
					Denied Use Gro				oup:Q2	Type:
		3 dualling units			) January Domea			Į.	• •	
					See Conditors I				766-2003	
Proposed Project Description:		<del></del> _			†			]	1	
Restoration & remodel after fire				Signature: Coro Casa			بعندي ر	Signature Mb Z/107		
					STRIAN ACT					
					Action: Approved Approved w/				Conditions	Denied
					/ Tello	ш. [] търго	rea ripi	novea w	Conditions	Beined
					ture:		_	Date:		
Permit Taken Ey:	Date Ap	pplied For:				Zoning	Approva	ıl		
ldobson	7/2006									
1. This permit application of	preclude the	Spe	Special Zone or Revie		Variance			Historic Preservation  Not in District or Landmark		
Applicant(s) from meetir	cable State and						}			
Federal Rules.		W. W. W.			, KM					
2. Building permits do not septic or electrical work.	olumbing, Shoreland Wetland William Flood Zone			Miscellaneous			Does Not Require Review			
3. Building permits are voice within six (6) months of		∏ FI	ood Zone	\	Conditional Use			Requires Review		
False information may in permit and stop all work.	a building	Subdivision			Interpretation			Approved		
			☐ Si	te Plan		Approv	ed		Approved w/	Conditions
F277.53	IED	Maj Minor			Denied	ed		Denied		
* · · · · · · · · · · · · · · · · · · ·		1 1	Date:	anzid 1	341	Date			ate:	
· · · · · · · · · · · · · · · · · · ·	707	Date. 11 + 100			PERMIT ISS					
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FORTLAND										
					FEB - 1 200			2007	1 1	
									1 1	
			C	CERTIFICATION	ON	CIT	V OF DO	DTI A		
I hereby certify that I am the o	wner of	record of the na	med pro	operty, or that th	ne proi	pos <del>ed work i</del>	s authorized	MAN A	owner of recor	rd and that
I have been authorized by the							to conform	to all ap		
jurisdiction. In addition, if a p										
shall have the authority to ente such permit.	er all are	as covered by su	ich perr	nit at any reasor	nable h	nour to enforce	ce the provi	sion of	the code(s) ap	plicable to
such permit.										
<del></del>										
SIGNATURE OF APPLICANT			ADDRESS			S DATE			PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE			PHO	NE.
Char	.55 51 11	J. 111 LL					DATE		1110	

3/6/65 - Clase-in Torpetion

\* Fix blocking added -At Change Between extent and to Extraord four of rated five damper A Excluse Ported in rectal well \* Recessed Cymbry in Festel bones -Cl Pd 06/19/17 fino our ) Ma