

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

Location of Construction: <i>245 Congress St</i>		Owner: <i>Portland Housing Authority</i>		Phone:		Permit No 990216	
Owner Address: <i>245 Congress St, Portland, ME 04101</i>		Lessee/Buyer's Name:		Phone:			Permit Issued: MAR 15 1999
Contractor Name: <i>James E. F. Thompson</i>		Address: <i>245 Congress St, Portland, ME 04101</i>		Phone: <i>774-1336</i>		CITY OF PORTLAND	
Past Use: <i>Commercial</i>		Proposed Use: <i>Animal Facility</i>		COST OF WORK: \$ 150.00			PERMIT FEE: \$ 30.00
Proposed Project Description: <i>Change of Use Permit to allow for interior renovations.</i>		Signature: _____		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>42</i> Type: <i>5B</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: <i>[Signature]</i>	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Date: _____	
Permit Taken By: <i>[Signature]</i>		Date Applied For: <i>March 11, 1999</i>		Zoning Approval:		Zone: _____ CBL: _____	

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..

PERMIT ISSUED WITH REQUIREMENTS

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:

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____



COMMENTS

3/7/99 Discussed Handrails - 42" required, Fire Doors
work proceeds DC

3/19/99 Final OK, work completed Handrails, Fire Doors all
OK. Cost of work to be amended DC

014-F-004
990216

	Type	Inspection Record	Date
Foundation:		_____	_____
Framing:		_____	_____
Plumbing:		_____	_____
Final:		_____	DC 3/19/99
Other:		_____	_____



Certificate of Occupancy

LOCATION 54 Turner St (014-F-004)

Issued to Patricia Kinkade

Date of Issue 19 March 1999

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 990216, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Four Family Dwelling
BOCA 1996
Use Group: R2 Type: 5B

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

3/19/99
(Date)

[Signature]
Inspector

[Signature]
Inspector of Buildings

11-4-99

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.