Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read					
Application And					
Notes, If Any,					
Attached					

BUILDING INSPECTION

Permit Number: 040066

				V.A			
This is to certify that	Ckt Inc /Dennis Carney	A.	and the second	P	<u> </u>		
has permission to	3 unit mulit Family/ Interior	ren	ovations apartment	#2	9		
AT 105 North St				CI	ी BL 015	E012001	
	ne person or persons	fi	rm or corpora	tion acc) eptina	this permit st	nall comply with all
of the provision	ns of the Statutes of	Mã	ine and of the	Ordina:	nces c	of the City of P	ortland regulating
the construction	n, maintenance and	ĮŠ(of buildings	and strů	ctures	s, and of the ap	plication on file in
this departmen	ıt.				A		

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

such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS		
Fire Dept. The Man &		
Health Dept.		
Appeal Board	_	1 auro Danaka 2/c/a
Other	<u> </u>	Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

						PERMIT	ISSUED				
City of Portland, Maine - B	uilding or Use	Permit A	Application	Per	rmit No:	Issue Date:		CBL:			
389 Congress Street, 04101 Tel	O			- 1	04-0066	FEB 0	6 2004	015 E0	12001		
Location of Construction:	Owner Name:			Owne	r Address:			Phone:			
105 North St	Ckt Inc			Po B	ox 4271	atyaFF	PORTLAND				
Business Name:	Contractor Name: Dennis Carney			Contr	actor Address:		Phone				
				200 High St. Portland				2079391673			
Lessee/Buyer's Name	Phone:			Permit Type: Alterations - Mult		i Family			Zone C		
Past Use:	Proposed Use:			Perm	it Fee:	Cost of Worl	k: CE	O District:	1		
3 unit multi family	3 unit mulit Fa	mily/ Interior		\$336.00		\$35,00	0.00	1	1		
	renovations ap	partment #2	2	FIRE DEPT:		Approved	INSPECTI	ON:	<u> </u>		
Leypluse - 3 D. u. Proposed Project Description:	only N	ochr	and we	e		Denied	Use Group	Α	Type: 513		
3 unit mulit Family/ Interior renova	tions apartment #2	2 40 (IV		Signature: Signature: MD 2/5/64 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					2/5/04		
)					יענו	, ,			
				Action	n: Approve	ed Appi	roved w/Con	ditions [Denied		
				Signat	ture:		Da	te:			
*	Applied For:				Zoning	Approva	l				
ldobson 01	/23/2004			i							
 This permit application does n Applicant(s) from meeting app Federal Rules. 		Special	l Zone or Review	'S	Zonin Variance	g Appeal		Historic Prese	rvation t or Landmark		
2. Building permits do not include plumbing, septic or electrical work.			ınd	Miscellan		eous		Does Not Require Review			
3. Building permits are void if we	☐ Flood	Zone	Conditional Use			Requires Review					
	te of issuance.								Approved		
within six (6) months of the da False information may invalidate permit and stop all work		Subdi	vision		[Interpreta	ition		Approved			
within six (6) months of the da False information may invalida		Subdi			Interpreta			Approved w/C	Conditions		
within six (6) months of the da False information may invalida		Site P						•	Conditions		
within six (6) months of the da False information may invalida		Site P	lan	<u>ئ</u> ك. ـُ				Approved w/C	Conditions		

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.

DEGRAVARY E DEDGAV DI GIVA DAE AERICANI ANTA		D + mn	DIVOLUE	
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE	

10/10/ Fry of oil. John 10/2/04

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