

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

<b>Permit No:</b> 06-0050	<b>Issue Date:</b>	<b>CBL:</b> 015 E014004
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<b>Location of Construction:</b> 101 NORTH ST	<b>Owner Name:</b> MINISTER KRISTINA	<b>Owner Address:</b> 101 NORTH ST # 4	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Wood Construction	<b>Contractor Address:</b> P O Box 6417 Scarborough	<b>Phone</b> 2078839911
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Multi Family	<b>Zone:</b>

<b>Past Use:</b> Multi family ( Condo) - legal 5 residential condos	<b>Proposed Use:</b> Multi family (Condo) moving non load bearing wall to make kitchen larger in unit #4	<b>Permit Fee:</b> \$84.00	<b>Cost of Work:</b> \$6,900.00	<b>CEO District:</b> 1
<b>Proposed Project Description:</b> Moving non load bearing wall to make kitchen larger in unit #4		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 01/10/2006	<b>Zoning Approval</b>		
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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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland  <input type="checkbox"/> Wetland  <input type="checkbox"/> Flood Zon  <input type="checkbox"/> Subdivision  <input type="checkbox"/> Site Plan  Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>  Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance  <input type="checkbox"/> Miscellaneous  <input type="checkbox"/> Conditional Us  <input type="checkbox"/> Interpretatio  <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma  <input type="checkbox"/> Does Not Require Revie  <input type="checkbox"/> Requires Review  <input type="checkbox"/> Approved  <input type="checkbox"/> Approved w/Condition  <input type="checkbox"/> 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, 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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<b>Location of Construction:</b> 101 NORTH ST	<b>Owner Name:</b> MINISTER KRISTINA	<b>Owner Address:</b> 101 NORTH ST # 4	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Wood Construction	<b>Contractor Address:</b> P O Box 6417 Scarborough	<b>Phone</b> 2078839911
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Multi Family	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 01/17/2006
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) This property shall remain a five (5) family condominium dwelling. Any change of use shall require a separate permit application for review and approval.			
2) 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.			
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 02/02/2006
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		

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\_\_\_\_\_  
ADDRESS

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DATE

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PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

\_\_\_\_\_  
DATE

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