



Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 60 MUNDY STREET

Tax Assessor's CBL: 14 B 12 Cost of Work: \$ _____
Chart # Block # Lot #

Proposed use (e.g., single-family, retail, restaurant, etc.): 3-UNIT CONDOMINIUM

Current use: APARTMENT BLDG. Past use, if currently vacant: _____

Commercial Multi-Family Residential One/Two Family Residential

Type of work (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Fence | <input checked="" type="checkbox"/> Change of Ownership - Condo Conversion |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Pool - Above Ground | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Pool - In Ground | <input type="checkbox"/> Change of Use - Home Occupation |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Radio/Telecommunications Equipment |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Replacement Windows | <input type="checkbox"/> Radio/Telecommunications Tower |
| <input type="checkbox"/> Demolition - Structure | <input type="checkbox"/> Commercial Hood System | <input type="checkbox"/> Tent/Stage |
| <input type="checkbox"/> Demolition - Interior | <input type="checkbox"/> Tank Installation/ | <input type="checkbox"/> Wind Tower |
| <input type="checkbox"/> Garage - Attached | <input type="checkbox"/> Replacement Tank Removal | <input type="checkbox"/> Solar Energy Installation |
| <input type="checkbox"/> Garage - Detached | | <input type="checkbox"/> Site Alteration |

Project description/scope of work (attach additional pages if needed):

CHANGE OF OWNERSHIP FROM 4-APARTMENTS TO 3-CONDOS

Applicant Name: MICHAEL CHESTNUT Phone: (207) 756-4153

Address: 110 EXCHANGE ST. Email: Michael@CJAB.ME

Lessee/Owner Name (if different): SUSAN GRISANT Phone: (207) 632-9968

Address: 29 ATLANTIC ST, PORTLAND, ME Email: SUSAN@TENTENHOLDINGS.NET

Contractor Name (if different): CALEB JOHNSON BUILDERS Phone: (207) 283-8777

Address: 110 EXCHANGE ST, PORTLAND Email: ANDY@CJAB.ME

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: [Signature] Date: 6/5/17

This is a legal document and your electronic signature is considered a legal signature per Maine state law.

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.