City of Portland, Maine - Building or Use Permi				t Application			CBL:				
389 Congress Street, 04101 Tel: (207) 874-8703				(207) 874-8716	5	10-0264			016 F0	11001	
Location of Construction: Owner Name:			Own		Owne	er Address:		Phone:			
2 ATLANTIC ST 1st floor HAMILL SHE			ERWOOD N		2 ATLANTIC ST						
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone			
		Stone Ledge C	Stone Ledge Carpentry LLC		12 Rackleff Street Portland				2073181802		
		Phone:	Phone:		Permit Type:				Zone:		
					Alterations - Multi Family						
Past Use: Proposed Use:					Permit Fee: Cost of Work:		::	CEO District:			
Res	sidential 3 unit		Residential 3 unit - Living room/ Bathroom remodel (1st) floor			\$100.00	\$7,50	0.00	1		
		Bathroom rem			FIRE	DEPT:	Approved	INSPE	CTION:		
								Use Gr	coup:	Type:	
					Denied						
-	osed Project Description:				7						
Living room/ Bathroom remodel (1st) floor					Signature:			0	gnature:		
					PEDESTRIAN ACTIVITIES DISTRICT			RICT (I	(P.A.D.)		
					Actio	Action: Approved Approved w/			Conditions Denied		
				Signature:			Date:				
Permit Taken By: Date Applied For:						Zoning	Approva	1			
ldo	obson	03/18/2010									
1.	This permit application do	bes not preclude the	Spe	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Sh	Shoreland		Variance			Not in District or Landmark		
2.	. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneous			Does Not Require Review		
3.	•			Flood Zone		Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision			Interpretation			Approved		
			Site Plan Maj Minor MM			Approved			Approved w/Conditions		
						Denied			Denied		
		Date:		Date:		D	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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:	Owner Name:		Owner Address:	Phone:		
2 ATLANTIC ST 1st floor	HAMILL SHERWOOD N		2 ATLANTIC ST			
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Stone Ledge Carpentry	y LLC	12 Rackleff Street Portla	2073181802		
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
			Alterations - Multi Fam			
Dept: Zoning Status: A	pproved with Condition	ns Reviewer	: Ann Machado	Approval Da		8/2010
Note:					Ok to Issue	: 🗹
1) This property shall remain a three family dwelling. Any change of use shall require a separate permit application for review and approval.						
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.						
Dept: Building Status: A	pproved with Conditior	ns Reviewer	: Jeanine Bourke	Approval Da	te: 04/0	7/2010
Note:					Ok to Issue	: 🗹
	All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating per Sec. 712 of IBC and R317.3.1.2 of the IRC					
2) All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.						
3) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.						
4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.						
Donte Fina Statuae A	nnnouad with Condition	Doriorron	. Cont Voith Coutroou	Annuaval Da	to. 02/2	5/2010
Dept: Fire Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 03/25/2010						
Note: Ok to Issue:						
 The entire structure shall comply with NFPA 101 "Existing Apartments" Compliance shall be insured prior to the issuance of a Certificate of Occupancy. 						
2) All construction shall comply with NFPA 1 and 101.						
Comments:						

4/7/2010-jmb: Spoke with Stoneledge contractor about fire penetrations and sealing, also rated fixtures if used.

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE