

**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><br>07-1070 | <b>Issue Date:</b> | <b>CBL:</b><br>022 J028001 |
|------------------------------|--------------------|----------------------------|

|  |                                       |   |               |
|--|---------------------------------------|---|---------------|
| <b>Location of Construction:</b><br>151 CUMBERLAND AVE | <b>Owner Name:</b><br>SOMERO SCOTT    | <b>Owner Address:</b><br>13 ATLANTIC ST           | <b>Phone:</b> |
| <b>Business Name:</b>                                  | <b>Contractor Name:</b><br>Home Owner | <b>Contractor Address:</b>                        | <b>Phone</b>  |
| <b>Lessee/Buyer's Name</b>                             | <b>Phone:</b>                         | <b>Permit Type:</b><br>Foundation Only/Commercial | <b>Zone:</b>  |

|  |   |   |                                       |                           |
|--|---|---|---------------------------------------|---------------------------|
| <b>Past Use:</b><br>3 unit residential   | <b>Proposed Use:</b><br>3 unit residential - Foundation repair back left corner of building | <b>Permit Fee:</b><br>\$30.00   | <b>Cost of Work:</b><br>\$700.00      | <b>CEO District:</b><br>1 |
| <b>Proposed Project Description:</b><br>Foundation repair back left corner of building                                 |   | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>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><br>Idobson | <b>Date Applied For:</b><br>08/31/2007 | <b>Zoning Approval</b> |  |  |
|------------------------------------|--|------------------------|--|--|

|  |   |   |   |
|--|---|---|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>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><br><input type="checkbox"/> Shoreland<br><br><input type="checkbox"/> Wetland<br><br><input type="checkbox"/> Flood Zon<br><br><input type="checkbox"/> Subdivision<br><br><input type="checkbox"/> Site Plan<br><br>Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/><br><br>Date: | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><br><input type="checkbox"/> Miscellaneous<br><br><input type="checkbox"/> Conditional Us<br><br><input type="checkbox"/> Interpretatio<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Denied<br><br>Date: | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landma<br><br><input type="checkbox"/> Does Not Require Revie<br><br><input type="checkbox"/> Requires Review<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Approved w/Condition<br><br><input type="checkbox"/> Denied<br><br>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 |

|  |                                       |   |               |
|--|---------------------------------------|---|---------------|
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| <b>Lessee/Buyer's Name</b>                             | <b>Phone:</b>                         | <b>Permit Type:</b><br>Foundation Only/Commercial | <b>Zone:</b>  |

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 08/31/2007  
**Note:** **Ok to Issue:**

- 1) This permit is being issued with the condition that all the work will take place within the existing footprint.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) 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:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 09/04/2007  
**Note:** **Ok to Issue:**

- 1) Frost protection must be installed 4'-0" below grade as discussed w/owner/contractor.
- 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.

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\_\_\_\_\_  
SIGNATURE OF APPLICAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHO

\_\_\_\_\_  
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

\_\_\_\_\_  
DATE

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PHO