Portland, Maine



Yes. Life's good here.

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

General Building Permit Application

Project Address: 191 K	JAPGINAL WAY	
Tax Assessor's CBL: 024		ork: \$ 463,000
Chart # Proposed use (e.g., single-family	2011	33 : CLINIC OUTPATIENT
		rently vacant:
⊘ Commercial ○ I	Multi-Family Residential	One/Two Family Residential
Type of work (check all that a	apply):	
New Structure	☐ Foundation Only	☐ Change of Ownership - Condo Conversion
Addition	Fence	☐ Change of Use
✓ Alteration	Pool - Above Ground	☐ Change of Use - Home Occupation
☐ Amendment	Pool - In Ground	☐ Radio/Telecommunications Equipment
Shed	☐ Retaining Wall	☐ Radio/Telecommunications Tower
☐ Demolition - Structure	Replacement Windows	☐ Tent/Stage
☐ Demolition - Interior	☐ Commercial Hood System	☐ Wind Tower
☐ Garage - Attached	☐ Tank Installation/Replacement	☐ Solar Energy Installation
		☐ Site Alteration
/i	Tank Removal work (attach additional pages if ne	eded):
Project description/scope of	work (attach additional pages if ne	eeded):
Project description/scope of TENANT FIT-UP of Applicant Name: DENN	work (attach additional pages if ne F AN OUTPATIENT CLINE	Phone: (<u>603</u>) <u>625</u> - <u>4548</u>
Project description/scope of TENANT FIT-UP of Applicant Name: DENN	work (attach additional pages if ne F AN OUTPATIENT CLINE	eeded):
Project description/scope of TENANT FIT-UP of Applicant Name: DENN Address: 697 UNION	work (attach additional pages if ne F AN OUTPATIENT CLINE IS B. MIRES ST. MANCHESTER NH 031041	Phone: (<u>603</u>) <u>625</u> - <u>4548</u> Email: <u>DENNIS & THE Apoll (TECT).</u>
Project description/scope of TENANT ET-UP of Applicant Name: DENN Address: 697 UNION 6 Lessee/Owner Name (if different	work (attach additional pages if ne F AN OUTPATIENT CLINE IS B. MIRES ST. MANCHESTER NH 031041 ant): MAN POYANIC	Phone: (603) 625 - 4548 Email: DENNS & THE ARCHITECT. NE
Project description/scope of TENANT FIT-UP of Applicant Name: DENN Address: 097 UNION Lessee/Owner Name (if different Address: 111 NEW HAN	WORK (attach additional pages if ne F AN OUTPATIENT CLINE IS B. MIRES ST. MANCHESTER NH 031041 ent): MAX POYANIC MPSHIRE AVENUE	Phone: (<u>603</u>) <u>625</u> - <u>4548</u> Email: <u>DENNIS & THE Apoll (TECT).</u>
Project description/scope of TENANT FIT-UP of Applicant Name: DENN Address: 697 UNION Lessee/Owner Name (if different Address: 111 NEW HAN	work (attach additional pages if ne F AN OUTPATIENT CLINI IS B. MIRES ST. MANCHESTER NH OSION INT.: MAX POYANIC APSHIRE AVENUE 1, NH OSOBI	Phone: (603) 625 - 4548 Email: DENNS & THE ARCHITECT. NE
Project description/scope of TENANT FIT-UP of Applicant Name: DENNI Address: GA7 UNION S Lessee/Owner Name (if different Address: III NEW HAN	work (attach additional pages if ne F AN OUTPATIENT CLINI IS B. MIRES ST. MANCHESTER NH 03/04/1 ent): MAX POYADIC APSHIRE AVENUE H, NH 03081	Phone: (603) 625 - 4548 Email: DENNIS & THEARCHITECT. NE Phone: (603) 501 - 6878 Email: MPUYANIC & CONVENIENT Mp. 00

commence until the permit is issued.

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Certificate of Accessible Building Compliance

All facilities for the use of a public entity shall be readily accessible by individuals with disabilities.

Project Name:(CONVENIENT MD UPGENT	Project Address:	191 MAPOIN	AL WAY
Classification:	Title II (State/Local Government)	Title III	(Public Accommodatio	n/Commercial Facility)
Maine H	g ns with Disabilities Act (ADA) luman Rights Act (MHRA) rier Free Certification (\$75,000+ scope of w te Fire Marshal Plan Review Approval	ork)		
	Addition Building Completion date: ginal Building:	_		
America Patl	lition(s)/Alteration(s): Ins with Disabilities Act (ADA) In of Travel O Yes O No Iuman Rights Act (MHRA)	<u>,</u> , , ,		
■ Bar	eeds 75% of existing building replacement or rier Free Certification (\$75,000+ scope of w te Fire Marshal Plan Review Approval			
	Change/Existing Facility vnership – Readily Achievable Barrier Remov	val:		· · · · · · · · · · · · · · · · · · ·
Residential America	ns with Disabilities Act (ADA)			
■ Maine H □ Cov □ Pub	using Act (4+ units, first occupancy) Iuman Rights Act (MHRA) Iered Multifamily Dwelling (4+ units) Ilic Housing (20+ units) IFEDERAL FEDERAL (UFAS) IFEDERAL FEDERAL (UFAS) IFEDERAL FEDERAL (UFAS) IFEDERAL FEDERAL (UFAS)		• • • • • • • • • • • • • • • • • • • •	
Contact Informa	tion:			
Design Profession	K Variation	Owner:	· · · · · · · · · · · · · · · · · · ·	
Signature	UIS B. MIRES	Signature	AX POYANIC	
	UNION STREET		•	SHIPE AVENUE
	STER, NH 03104		MOUTH, NH	
	5-625-4548		03-501-087	
Maine Registration				

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Electronic Signature and Fee Payment Confirmation

This is a legal document and your electronic signature is considered a legal signature per Maine state law. You will receive an e-mailed invoice from our office which signifies that your electronic permit application has been received and is ready for payment. Please pay by one of the following:

- > Electronic check or credit card: portlandmaine.gov/payyourpermit
- Over the phone at (207) 874-8703
- > Drop off to Room 315, City Hall
- Mail to:

City of Portland
Permitting and Inspections Department
389 Congress Street, Room 315
Portland, Maine 04101

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By signing below, I understand the review process starts once my payment has been received. After all approvals have been completed, my permit will be issued via e-mail. Work may not commence until permit is issued.

Applicant Signature:	Kuna hus	Date: 4 5 13
I have provided electronic copies and sent themon:		Date: 4 3 17

NOTE: All electronic paperwork must be delivered to permitting@portlandmaine.gov or with a thumb drive to the office.

If you or the property owner owes taxes or user charges on property within the City, payment arrangements must be made before a permit application is accepted.