



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

### General Building Permit Application

Project Address: 59 Myrtle Street

Tax Assessor's CBL: 26 K 002 Cost of Work: \$ 0  
Chart # Block # Lot #

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

Current use: 2 unit 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"/> Foundation Only               | <input type="checkbox"/> Change of Ownership - Condo Conversion |
| <input type="checkbox"/> Addition               | <input type="checkbox"/> Fence                         | <input checked="" type="checkbox"/> Change of Use               |
| <input type="checkbox"/> Alteration             | <input type="checkbox"/> Pool - Above Ground           | <input type="checkbox"/> Change of Use - Home Occupation        |
| <input type="checkbox"/> Amendment              | <input type="checkbox"/> Pool - In Ground              | <input type="checkbox"/> Radio/Telecommunications Equipment     |
| <input type="checkbox"/> Shed                   | <input type="checkbox"/> Retaining Wall                | <input type="checkbox"/> Radio/Telecommunications Tower         |
| <input type="checkbox"/> Demolition - Structure | <input type="checkbox"/> Replacement Windows           | <input type="checkbox"/> Tent/Stage                             |
| <input type="checkbox"/> Demolition - Interior  | <input type="checkbox"/> Commercial Hood System        | <input type="checkbox"/> Wind Tower                             |
| <input type="checkbox"/> Garage - Attached      | <input type="checkbox"/> Tank Installation/Replacement | <input type="checkbox"/> Solar Energy Installation              |
| <input type="checkbox"/> Garage - Detached      | <input type="checkbox"/> Tank Removal                  | <input type="checkbox"/> Site Alteration                        |

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

Change of use from 2 residential units to 3 residential units - third unit existed when property purchased in 2004.

Applicant Name: Avery Kamila (wife of owner) Phone: (207) 780-0915

Address: PO Box 4242, Portland 04101 Email: avery.kamila@gmail.com

Lessee/Owner Name (if different): Adam Hill Phone: (207) 615-5267

Address: PO Box 4242, Portland 04101 Email: \_\_\_\_\_

Contractor Name (if different): n/a Phone: ( ) -

Address: \_\_\_\_\_ Email: \_\_\_\_\_

*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: 2/12/2017

**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.**