

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0342	Issue Date:	CBL: 026 L00400C
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Location of Construction: 164 Pearl St	Owner Name: Lewis Daniel R	Owner Address: 164 Pearl St # C	Phone:
Business Name:	Contractor Name: Viking Restoration	Contractor Address: 1809 Congress St Portland	Phone 2078282900
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial 3 unit residential	Proposed Use: Commercial replace entrance stairs in same footprint	Permit Fee: \$30.00	Cost of Work: \$500.00	CEO District: 1
Proposed Project Description: Replace entrance stairs in same footprint		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: dmartin	Date Applied For: 03/29/2005	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied 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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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 04/07/2005

Note: **Ok to Issue:**

- 1) These stairs shall not be increased from the original footprint. These stairs shall not project over the front property line onto City property.
- 2) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 4) This property shall remain a three (3) family condominium dwelling units. Any change of use shall require a separate permit application for review and approval.
- 5) 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:** 04/13/2005

Note: **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

Dept: Fire **Status:** Approved **Reviewer:** Jay Kelley **Approval Date:** 04/12/2005

Note: **Ok to Issue:**

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO