078-0016001



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction: 18 Hampshine ST Portland, me		
Total Square Footage of Proposed Struct	cure:	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 28 0 16	Applicant Name: Bourgoin + Son 5 Address 123 Davis rd City, State & Zip Durhum Mc 04227	Telephone: 207 7491878 Email: Canbou(goin(2 gma)(c
Lessee/Owner Name: Millino (if different than applicant) (1(Comancin) Address: 43 well-on St City, State & Zip: Portland Me. Telephone	Contractor Name: (if different from Applicant) Address: BOULSON HSONS City, State & Zip:	Cost of Work: CO \$ 4000 - FTC. T C of O Fee: \$ Historic Rev \$
Telephone E-mail:	Telephone E-mail:	Total Fees: \$_\to,\to_
	estenorant	
If vacant, what was the previous use?		
Proposed Specific use: Restanviat		
Is property part of a subdivision? If yes, please Name		
Project description: MOUL Exhaust and make up at fairs to roof Who should we contact when the permit is ready: Dan Bourson		
Address: 123 Dawis 10		
City, State & Zip: Duham MC 0U 222		
E-mail Address: don bourgon a g mar . Com		
Telephone: 207 744 1878		
Please submit all of the information outlined on the applicable checklist. Failure to do so		
causes an automatic permit denial. In order to be sure the City fully understands the full scope of the project, the Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Department of Permitting and Inspections on-line at www.portlandmaine.gov , or stop by the office, room 315 City Hall or call 874-8703.		
I hereby certify that I am the Owner of recorproposed work and that I have been authorized to conform to all applicable laws of this juits is issued, I certify that the Code Official's authorized that any reasonable hour to enforce the	by the owner to make this application as his risdiction. In addition, if a permit for won norized representative shall have the authori	Ther authorized agent. I agree it described in this application ty to enter all areas covered by
Signature: Day Ar	Date: 7/1//	6