City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						rmit No: 07-0098	Issue Dat	Issue Date:		CBL: 031 J002051	
Location of Construction: Owner Name:				Owner Address:				Phone:			
	CHANDLERS WHARF		CAMANN STEPHEN TRUSTEE			RIVER RD#4					
Bus	iness Name:	Contractor Nan CSI Builders	Contractor Name: CSI Builders		Contractor Address: 41B Woodville Falmouth				Phone 2078316966		
Lessee/Buyer's Name Phone:					Permit Type: Alterations - Multi Family				Zone:		
Past Use: Multi-unit residential condo's Unit 51			Proposed Use: Multi-unit residential condo's Unit 51- interior renovations		Perm	Permit Fee: Cost of Wor \$170.00 \$15,00					
		51- interior rer			FIRE	RE DEPT: Approved Use Gr		ECTION: Group: Type			
Proposed Project Description: Residential Unit 51- interior renovations						Signature:		Signature:			
						PEDESTRIAN ACTIVITIES DISTRIC			,		
						Action Approved Approve			red w/Condition Denied		
				Signature:				Date:			
Permit Taken By: Date Applied For: 01/29/2007			Zoning Approval								
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Review		ews	vs Zoning Appeal			Historic Preservation		
			Shoreland		☐ Variance			Not in District or Landn			
2.			Wetland		Miscellaneous			Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may inverse permit and stop all work	alidate a building	☐ Su	Subdivision		☐ Interpretatio			Approved		
			Site Plan		Approved			☐ Approved w/Condition			
			Maj [Mino MM	Denied				☐ Denied		
			Date:	Date:		Date:		Da	Date:		
I ha juri sha	reby certify that I am the ov ve been authorized by the o sdiction. In addition, if a pe Il have the authority to enter uch permit.	wner to make this appl rmit for work described	amed proication a	as his authorized application is is:	ne prop d agent sued, I	t and I agree t certify that th	to conform to ne code office	o all ap cial's au	plicable laws of thorized repres	of this sentative	
					~						
SIC	NATURE OF APPLICAN			ADDRES	S		DATE	Ĭ.	P	НО	

Location of Construction:	Owner Name:	Owner Name:			Phone:	
51 CHANDLERS WHARF	CAMANN STEPHEN	CAMANN STEPHEN TRUSTEE				
Business Name:	Contractor Name:	Contractor Name: CSI Builders			Phone	
	CSI Builders			41B Woodville Falmouth		2078316966
Lessee/Buyer's Name	Phone:	Phone:				Zone:
			Alterations - Multi Far	nily		
Dept: Zoning Sta	atus: Approved	Reviewer	: Marge Schmuckal	Approval Date	e• 01/3	80/2007
Note:	ripproved	Reviewei	• Warge Beimidekar		Ok to Issue	
Note.				·	OK to issue	. 💌
Dept: Building Sta	atus: Approved with Condition	ns Reviewer	: Tammy Munson	Approval Date	e: 02/0	02/2007
Note:					Ok to Issue	: V
1) All penetrations through r	rated assemblies must be protec	eted by an appro	oved fireston system inst	alled as tested in	accordance	with
ASTM 814 or UL 1479, per		are approximation	oved in estop system mist			*******
2) Separate permits are requir	ed for any electrical, plumbing,	or HVAC syste	ms.			
	to be submitted for approval as	•				
3) The soffit areas at the ceili	ing levels must be fireblocked.					
· 						
Dept: Fire Sta	atus: Approved with Condition	ns Reviewer	: Cptn Greg Cass	Approval Date	e: 01/3	80/2007
NT 4					Ok to Issue	. 🔽
Note:						-

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.

DECDONGIDI E DEDGON IN CHARGE OF WORK THE		DATE	DITO
SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО