<b>City of Portland, Maine - Building or Use Permit Application</b> 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				Permit No: Issue Date: 05-1466		e:	CBL: 031 L035001	
Location of Construction: 30 UNION WHARF	Owner Name:	Owner Name: PROPRIETORS OF UNION WHARF		Owner Address: 36 UNION WHARF			Phone:	
Business Name:	Contractor Nan	Contractor Name: Benjamin Construction Co.		Contractor Address: 4 Diamond Ridge Way Falmouth			Phone	
Lessee/Buyer's Name	Phone:			it Type: nolitions	-			Zone:
Past Use: Commercial		Commercial remove quonset hut &		nit Fee: \$66.00	Cost of Wo \$5,00	rk: C	CEO District: 1	
	pad and leave	with gravel finish	FIRE	DEPT:	Approved Denied	INSPEC Use Grou		Туре
<b>Proposed Project Description:</b> Remove quonset hut & pad an	sh	Signature: PEDESTRIAN ACTIVITIES DISTR		Signature	6			
			Action Approved Appro					
Permit Taken By: dmartin	Date Applied For: 10/11/2005	Signature: Da Zoning Approval			Date:			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Revi	Special Zone or Reviews Zoning Appeal			Historic Preservation		
		Shoreland Variance		e		Not in District or Landma		
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneou			Does Not Require Revie	
<ol> <li>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</li> </ol>		Flood Zon		Conditional Us			Requires Review	
		Subdivision		Interpre	etati		Approved	
		Site Plan		Approv	ed		Approved w/	Condition
		Ma 🗌 Mino 🗌 M		Denied			Denied	
		Date:		Date:		Dat	te:	

## 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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 30 UNION WHARF	Owner Name: PROPRIETORS OF UNION WI	Owner Address:           HARF         36 UNION WHARF	Phone:
Business Name:	<b>Contractor Name:</b> Benjamin Construction Co.	Contractor Address: 4 Diamond Ridge Way Falmouth	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone:
Note:		wiewer: Marge Schmuckal Approval anyway legally nonconforming as to use or	Ok to Issue:
requirements, you have only one within the one year grace period one year of demolition ALL lega	e year in which to rebuild it for the , it is up to the owner/contractor to al nonconformities have been extin	same use, same size, same height etc. If you contact the code enforcement officer PRIOF guished in their entirety.	wish to rebuild R to demolition. After
Dept: Building Status: Note:	Approved <b>Re</b>	viewer: Mike Nugent Approval	Date:         11/15/2005           Ok to Issue:         ☑
Dept:FireStatus:Note:1)OK to Demo	Approved Re	viewer: Jay Kelley Approval	Date:         11/16/2005           Ok to Issue:         ☑
Comments: 10/31/2005-mjn: Pre-demo walkthrou	1gh scheduled for 11/01/2005		

## 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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО