

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DIVISION

PERMIT

Permit Number: 081416

Please Read
Application And
Notes, If Any,
Attached

This is to certify that TOP OF EXCHANGE LLC / Erika Windows Inchas permission to Replacement windows for 2nd floorAT 107 EXCHANGE ST 2nd floor

C 032 D001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise used-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

PENALTY FOR REMOVING THIS CARD

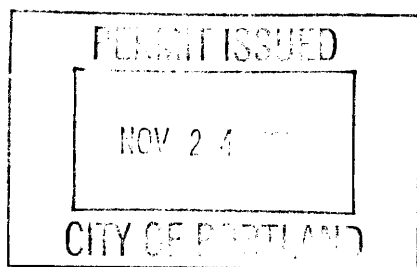
Director - Building & Inspection Services

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1416		Issue Date: 11/24/08		CBL: 032 D001001	
Location of Construction: 107 EXCHANGE ST 2nd floor		Owner Name: TOP OF EXCHANGE LLC		Owner Address: 42 MARKET ST	
Business Name:		Contractor Name: Pella Windows & Doors Inc		Contractor Address: 45 Fondi Road Haverhill	
Lessee/Buyer's Name		Phone:		Phone: 8008669886	
Past Use: Commercial Multi-use		Proposed Use: Commercial Multi-use - Replacement windows for 2nd floor		Permit Type: Replacement windows	
Proposed Project Description: Replacement windows for 2nd floor		Permit Fee: \$530.00		Cost of Work: \$51,000.00	
		CEC District: 1		Zone: B-3	
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A		INSPECTION: Use Group: B Type: U/K IBC 2003	
		Signature: <i>Greg C...</i>		Signature: <i>...</i> 11/24	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature: _____ Date: _____			
Permit Taken By: Idobson		Date Applied For: 11/04/2008		Zoning Approval	

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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MIM <input type="checkbox"/> Date: <i>11/5/08</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <i>to D.A.</i> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>11/18/08</i> <i>D. Andrews</i>
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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 APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND
HISTORIC PRESERVATION
CERTIFICATE OF APPROPRIATENESS**

This is to certify that _____

has received approval for _____

at _____

*Top of Exchange LLC
Window replacement
103 Exchange St.*

provided that the person or persons, firm or corporation accepting this Certificate shall comply with all other applicable provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in the Historic Preservation Office of the Planning Department. For more information on this project, call 874-8719.

Diana A. Andrews
Historic Preservation Manager

NOTE: THIS IS NOT A BUILDING PERMIT