

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081415

Please Read
Application And
Notes, If Any,
Attached

This is to certify that OCEAN BLOCK ASSOCIATES Pella Windows Inchas permission to Window replacement on floorsAT 30 MILK ST floors 2 & 5

City of Portland 032 F009001

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

11/24/08 *Chit & M*
Director - Building & Inspection Services**PENALTY FOR REMOVING THIS CARD**

City of Portland, Maine - Building or Use Permit Application

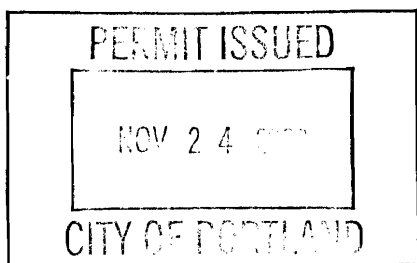
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1415	Issue Date: 11/24/08	CBL: 032 F009001
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Location of Construction: 30 MILK ST floors 2 & 5	Owner Name: OCEAN BLOCK ASSOCIATES	Owner Address: 42 MARKET ST	Phone:
Business Name:	Contractor Name: Pella Windows & Doors Inc	Contractor Address: 45 Fondi Road Haverhill	Phone 8008669886
Lessee/Buyer's Name	Phone:	Permit Type: Replacement windows	Zone: B-3

Past Use: Commercial Mixed use building	Proposed Use: Commercial Mixed use building - Window replacement on floors 2-5	Permit Fee: \$960.00	Cost of Work: \$94,000.00	CEO District: 1
Proposed Project Description: Window replacement on floors 2-5		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: B Type: J/K IBC-2003	
		Signature: Greg Cross Signature: [Signature] 11/24/08		
		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		
<ol style="list-style-type: none">This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.Building permits do not include plumbing, septic or electrical work.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"/> MM <input type="checkbox"/> Date: 11/5/08	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 FO DA <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: 11/18/08 D. Andrew B

**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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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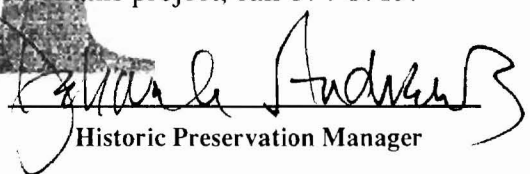
**CITY OF PORTLAND
HISTORIC PRESERVATION
CERTIFICATE OF APPROPRIATENESS**

This is to certify that

has received approval for

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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.


Historic Preservation Manager

NOTE: THIS IS NOT A BUILDING PERMIT