

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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Permit No. **960152**

Location of Construction: <b>10 Exchange St</b>		Owner: <b>Joe Soley</b>		Phone:	
Owner Address: <b>P.O. Box 367 Portland, ME 04112</b>		Leasee/Buyer's Name: <b>Mac Gray Laundry Co.</b>		Business Name:	
Contractor Name:		Address:		Phone:	
Past Use: <b>Retail</b>		Proposed Use: <b>Laundromat</b>		COST OF WORK: \$	
				PERMIT FEE: \$ <b>50.00 (Double)</b>	
Proposed Project Description: <b>Change Use</b>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature: <i>[Signature]</i>		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: <b>Mary Gresik</b>		Date Applied For: <b>28 February 1996</b>			

**PERMIT ISSUED**  
Permit Issued:  
**MAR - 8 1996**  
**CITY OF PORTLAND**

Zone: **CBL**  
CBL: **032-1-012**

Zoning Approval:

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan  maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Approved  
 Approved with Conditions  
 Denied

Date: *[Signature]*

**PERMIT ISSUED WITH LETTER**

**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 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 provisions of the code(s) applicable to such permit

*04112 0367* 28 February 1996

SIGNATURE OF APPLICANT: **Joseph Soley** ADDRESS: ADDRESS DATE: DATE PHONE: PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE TITLE PHONE: PHONE

CEO DISTRICT **2**  
*MS MURPHY*

COMMENTS

April - Plumbing installed improperly - not vented -  
no fire ratings maintained

June - Plumbing fixed - gas vented to outside -  
wall(s) sheetrocked w/ 5/8 fire rated rock.

OK Alame

Inspection Record

Type

Foundation: \_\_\_\_\_

Framing: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Final: \_\_\_\_\_

Other: \_\_\_\_\_

Date