

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property

Address/Location of Construction:	ONE CITY (FNTER	
Total Square Footage of Proposed Stru	cture:	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: ONE CITY CENTY ASSOCIATES Address	7 Telephone:
032 L 002	Address ONE CITY CENTER City, State & Zip	Email:
	PORTLAND, ME. 04101	mike Bdirigomantico
Lessee/Owner Name : If different than applicant) Address:	(if different from Applicant) DAC PAINTINGS ROMOODING	Cost Of Work: \$ 15,000
	ONE CITY CENTER	C of O Fee: \$
City, State & Zip: Telephone & E-mail:	City, State & Zip: PORTLAND, ME. 04101 Telephone & E-mail:	Historic Rev \$
·	307-871-1080	Total Fees: \$
Current use (i.e. single family) OF)	-ICE SPACE	
If vacant, what was the previous use?	THAT ADDING SACTOR OF	E de de la Constantina
Is property part of a subdivision? $_$ If ye	es please name	<u>worker</u> oon
Project description: Existing Te		ONING TO
OFFICES & BUILD ROOM /	no structural walls 6	00 1/- (F work a)
ho should we contact when the permit is re	eady: MIKE FREED	
ddress: ONE CITY CENT	ec	
ity, State & Zip: Bion T I A as A	A F AUTAI	
elephone: 207 871 - 1080	190 mant, com	
elephone: 207-871-1080		
Please submit all of the information	outlined on the applicable checklist.	. Failure to do so
	n automatic permit denial.	
order to be sure the City fully understa partment may request additional informat wnload copies of this form and o	tion prior to the issuance of a permit. Fo	or further information or to

Ir D www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

	my (fg)	-0/2			
Signature:	MO MINUS	ll r	Date: 10/17	1/13	
Value in			/ //		
/ #fills is	i not a permit; you may n	ot commence AINY wor	rk until the nermit i	is issued.	



Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Jeff Levine, AICP, Director Director of Planning and Urban Development

I have provided digital copies and sent them on:

Tammy Munson Director, Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a legal signature per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are paid in full to the Inspections Office, City of Portland Maine by method

noted below: Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to call the Inspections Office at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone. Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to hand deliver a payment method to the Inspections Office, Room 315, Portland City Hall. I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered. Date: 6/17/13

NOTE: All dectronic paperwork must be definered to building inspections apportlandmanae gover by physical means let a humb drive or (D to the office.