

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070527

Please Read Application And Notes, If Any, Attached

This is to certify that SALVATION ARMY /Enviro Services, Inc / Bob Evans

has permission to Demolition of existing building

AT 2 Cedar St (10 Cedar)

033 N020001

PERMIT ISSUED
JUL 10 2007
CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 when permission procured before this building or part thereof is altered or closed-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. Jay Kelley
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

James Bourke 7/5/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0527	Issue Date:	CBL: 033 N020001
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Location of Construction: 2 Cedar St (10 Cedar)	Owner Name: SALVATION ARMY	Owner Address: 440 WEST NYACK RD	Phone:
Business Name:	Contractor Name: Environ Services, Inc./ Bob Evans	Contractor Address: 18 Gorham Industrial Parkway Gorha	Phone 2078548228
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Building	Zone: R2/R1

Past Use: Multi use - one dwelling unit & two adult education units	Proposed Use: Vacant Land - Demolition of existing building	Permit Fee: \$220.00	Cost of Work: \$20,000.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>Jay Kelly P.F.D.</i>	INSPECTION: Use Group: R/B Type: 5B <i>Demolition Only</i> Signature: <i>JMB 7/5/07</i>
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Proposed Project Description: Demolition of existing building
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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: ldobson	Date Applied For: 05/10/2007
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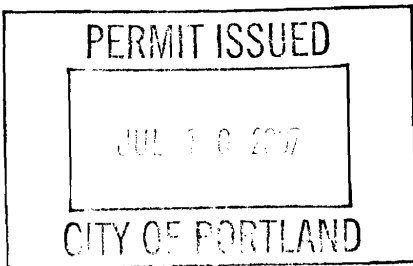
Zoning Approval

- 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"/> OK Date: <i>5/24/07 ABM</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: _____
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Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>ABM</i> Date: _____



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

6/6/07 Demo inspection by Tammy

6/29/07 called Rick Bellemare at N.U.
for confirmation that gas is retired. JMB

3/18/08 close SM 18