					PERMIT IS	SUE			
	y of Portland, Maine				ermit No: Issue	Date:		CBL:	
	Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-871	.6	d2-0348 ADD 2	2002		036 D0	20001
1	ation of Construction:	Owner Name:			er Address:			Phone:	
1 Grant St Rukin					1 Grant St. PORTLAN			207-774-7704	
Business Name: Contract						Phone			
n/a			Center Line Construction, Inc.		Box 1264 Portland	2078653300			
	ee/Buyer's Name	Phone:			rmit Type:			Zone:	
n/a		n/a		Alte	erations - Multi Famil	ly			
	Use:	Proposed Use:		Perm	Permit Fee: Cost of Work:			CEO District:	
Multi Family			Replace window		\$58.00 \$4,50		00.00 2		
Prop	posed Project Description:	orions, ropain	from vehicle damage.	FIRE	E DEPT: Approve Denied	cu j	SPECTION SEE Group:	<i>"</i>	Type: 3
Re	place Window Bricks			Signature: Si			gnature (
				PEDESTRIAN ACTIVITIES DISTRIC					
							d w/Conditions Denied		
:									
Pern	nit Taken By:	Date Applied For:	1	Signa	Signature:			Date:	
gg	-	04/10/2002		Zoning Approval					
			Special Zone or Revie	we	Zoning Annea		T TE	lictoric Proce	rvation
1.	This permit application d Applicant(s) from meetin Federal Rules.		State and Shoreland Variance Not in Dist		Not in Distric				
2.	Building permits do not is septic or electrical work.	nclude plumbing,	ing,			Does Not Require Review			
3.		rmits are void if work is not started 6) months of the date of issuance.		Conditional Use			Requires Review		
	False information may in permit and stop all work.		Subdivision		Interpretation		Approved		
			Site Plan		Approved		☐ Approved w/Conditions ☐ Denied		
		Maj Minor		MM Denied					
			Date:		Date:		Date:		
i nav juris shall	reby certify that I am the over been authorized by the condiction. In addition, if a polytone the authority to enterpresent.	owner to make this appli ermit for work described	cation as his authorized I in the application is is	e prop l agent	t and I agree to confor I certify that the code	rm to al official	ll applic I's autho	able laws o	of this esentative
SIGN	NATURE OF APPLICANT		ADDRESS		DATE		PHONE		
RES	PONSIBLE PERSON IN CHAR	GE OF WORK, TITLE			D.F	ATE		PHON	IE

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

CTION PERMI

Permit Number: 020348

ctures, and of the application or

Rukin Heidi G /Center Line This is to certify that structio Replace Window Bricks has permission to AT 1 Grant St 036 D020001 provided that the person or persons, ation epting this permit shall comply to ances of the City of Portland reg ine and of the

of the provisions of the Statutes of the construction, maintenance and u this department.

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

insped ication n must n and w n permi n procu re this i ding or t thered ed or d osed-in R NOTICE IS REQUIRED.

of buildings and sa

A certificate of occupancy m procured by owner before this ing or part thereof is occupied.

OTHER REQUIRED APPROVALS

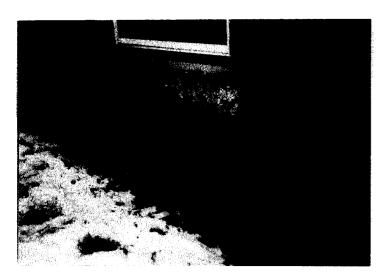
Fire Dept. Health Dept. **Appeal Board** Other Department Name

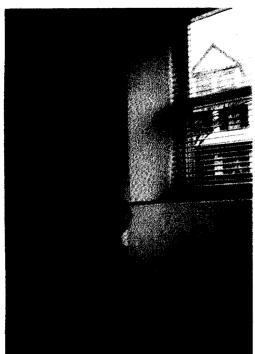
PENALTY FOR REMOVING THIS CARD

All Purpose Building Permit Application

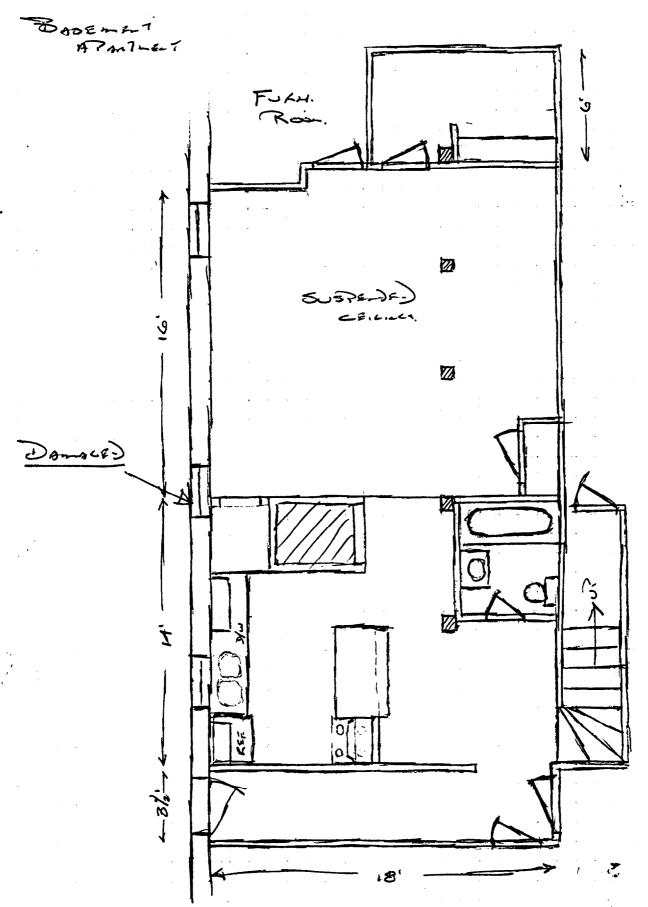
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	GROWT	STREET	POKT	LA-)	,22						
Total Square Footage of Proposed Structure Square Footage of Lot 193718											
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 036 D	Owner:	Dan, R.	، لاس		Telephone: フイーファロ	4					
Lessee/Buyer's Name (If Applicable)	telephone:	PALLES LIZET NA IZET	-0-37.7.		t Of ik: \$ 4500 -	-					
Current use: MULTI- FAMILY											
If the location is currently vacant, what was prior use:											
Approximately how long has It been vaca					_						
Proposed use: Veplace Window bucks, repair from Project description:											
Contractor's name, address & telephone: CF1FR L.12 CONSTRUCTION 72. Who should we contact when the permit is ready: CN MILLEN COG-3300 Mailing address:											
We will contact you by phone when the p review the requirements before starting an and a \$100.00 fee if any work starts before	1y work, with	a Plan Reviev	ome in and ver. A stop PHONE:	l pick uj work or	o the permit and der will be issued						
F THE REQUIRED INFORMATION IS NOT INCLUDENIED AT THE DISCRETION OF THE BUILDING, NFORMATION IN ORDER TO APROVE THIS PE	/PLANNING I	UBMISSIONS T DEPARTMENT,	HE PERMIT W WE MAY REG	VILL BE A	AUTOMATICALLY DDITIONAL						
hereby certify that I am the Owner of record of the nance been authorized by the owner to make this applicurisdiction. In addition, if a permit for work described in that have the authority to enter all areas covered by the othis permit.	this application	r autnorizea ager in inned Leatifi	it. I agree to co	onform to	o all applicable laws o	f this					
Signature of applicant:	This		Date: 4	1/0/	/	$\overline{}$					
This is NOT a permit, you may not commence ANY work until the permit is sued. 'tistoric District you may be subject to additional permitting and fees with the											
Planning Department on the 4th floor of City Hall											





DAMI RUKIM I GRANT 37. POLTLAN), LE 04101 3/15/02 \$ coest.



DAMI RUKIH

1 GRANT 57.

PORTLAND, LE 04101

3/19/02 \$ coest.

