Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read

Application And Notes, If Any, Attached	PERMIT	Permit Number: 031404
This is to certify that Schneider Craig A /self		
has permission to Framing closets and 1 wal	ll to close 2 rooms	
AT 5 Sherman St	03	6 E020001
provided that the person or person of the provisions of the Statutes of the construction, maintenance and this department.	of the and of the ances	g this permit shall comply with all of the City of Portland regulating es, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	N dication inspect in must go and with a permit on procuble re this biding or at the recult of the r	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept. MM		
Health Dept.		
Appeal Board	- <i>()</i>	Il Illet Inulas
Department Name		Director - Building & Ingredion Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine 389 Congress Street, 04101	_				Issue Date	:	CBL: 036 E0	20001		
Location of Construction:	Owner Name:	, гах.	(201) 814-811	Owner Address:		-	Phone:			
5 Sherman St	Schneider Cra	ία Δ		5 Sherman St		207-318-6078				
Business Name:	Contractor Name			Contractor Address:		207-318-6078 Phone				
n/a	self	•		Portland			1 Holic			
Lessee/Buyer's Name	Phone:		1	Permit Type:				Zope:		
/a	n/a			Alterations - Mu	lti Family			RG		
Past Use:	Proposed Use:		<u> </u>	Permit Fee:	Cost of Wor	k.	CEO District:	7		
Multi Family / 4 Units	-	ing clos	sets and 1 wall	\$30.00		00.00	2			
•	to enclose 2 b	_		FIRE DEPT:	y		SPECTION:			
					Approved		Jse Group: R Type 5 R			
			/	<u> </u>	Denied		• / •			
leasinge 4D.U	Der Dermit 4	- 86/	533				1//20	1/15		
Proposed Project Description:	1									
Framing closets and 1 wall to	enclose 2 bedrooms.			Signature:	UMMY	Signatur	all X	Lugar		
				PEDESTRIAN ACTI	VITIES DIST	RICT (P	P.A.D.)	y ·		
				Action: Approv	ed	proved w/0	Conditions	Denied		
				Signature:			Date:			
Permit Taken By:	Date Applied For:			Zoning	Approva	·				
gg	11/10/2003				FF					
1. This permit application do	oes not preclude the	Spe	cial Zone or Revie		ng Appeal		Historic Pres	ervation		
Applicant(s) from meeting Federal Rules.	g applicable State and		oreland (0	☐ Variance	e		Not in Distric	ct or Landmai		
Building permits do not in septic or electrical work.	nclude plumbing,	🗆 w	etland A D. U	Miscella	neous		Does Not Re	quire Review		
3. Building permits are void within six (6) months of the			ood Zone	Condition	onal Use	[Requires Rev	riew		
False information may inv permit and stop all work		☐ Su	No much station between	☐ Interpret	ation		Approved			
		☐ Sid	te Plan	Approve	d		Approved w/	Conditions		
		Maj [Minor MN	Denied			Denied	terior		
		Date:	117/	Date:		Da	Denied Fayex te: wark	(eggs		
			,			-				
			ERTIFICATIO							
hereby certify that I am the ow have been authorized by the ourisdiction. In addition, if a pe hall have the authority to enter uch permit.	wner to make this appli	cation a I in the	s his authorized application is is	agent and I agree t	to conform the code off	o all app	plicable laws of	of this		
SIGNATURE OF APPLICANT			ADDRESS		DATE		PHO	NE		
RESPONSIBLE PERSON IN CHARG	SE OF WORK, TITLE				DATE	- <u>i</u>	PHO			

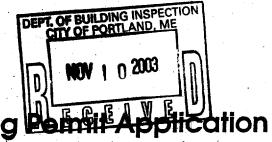
DATE

PHONE

- Building or Use Permit		Permit No:	1	CBL:
Tel: (207) 874-8703, Fax: (2	207) 874-871 <i>6</i>	03-1404	11/10/2003	036 E020001
Owner Name:	Owner Address:		Phone:	
Schneider Craig A		5 Sherman St		207-318-6078
Contractor Name:		Contractor Address:		Phone
self		Portland		
Phone:		Permit Type:		· · · · · · · · · · · · · · · · · · ·
n/a		Alterations - Mult	i Family	
	Propose	ed Project Description:		
wall to enclose 2 bedrooms.	Frami	ng closets and 1 wa	ll to enclose 2 bedro	ooms.
tus: Approved with Conditions	Reviewer	Marge Schmucka	d Approval D	Pate: 11/17/2003
3 to 4 dwelling units				Ok to Issue: 🗹
				nt including, but
s stoves, microwaves, reirigerate	ers, or kitchen s	inks, etc. Without s	pecial approvals.	-
a four (4) family dwelling. Any				on for review and
-		shall require a separ	ate permit application	****
a four (4) family dwelling. Any	change of use s	shall require a separ		Pate: 11/24/2003
a four (4) family dwelling. Any tus: Approved	change of use s	shall require a separ	ate permit application	****
a four (4) family dwelling. Any tus: Approved installed as required by code.	change of use s	shall require a separ	ate permit application	Pate: 11/24/2003
a four (4) family dwelling. Any tus: Approved	change of use s	shall require a separ	ate permit application	Pate: 11/24/2003
a four (4) family dwelling. Any tus: Approved installed as required by code.	change of use s Reviewer:	shall require a separ	ate permit application	Pate: 11/24/2003 Ok to Issue: ✓
	Owner Name: Schneider Craig A Contractor Name: self Phone: n/a wall to enclose 2 bedrooms. tus: Approved with Conditions to 4 dwelling units or an additional dwelling unit.	Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: Schneider Craig A Contractor Name: self Phone: n/a Propose Frami tus: Approved with Conditions Reviewer: 3 to 4 dwelling units or an additional dwelling unit. You SHALL No	Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: Schneider Craig A Contractor Name: self Phone: n/a Proposed Project Description: Framing closets and 1 was to 4 dwelling units Owner Address: Found Powner Address: Portland Permit Type: Alterations - Multiple Framing closets and 1 was to 4 dwelling units	Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: Schneider Craig A Contractor Name: Self Phone: n/a Permit Type: Alterations - Multi Family Proposed Project Description: Framing closets and 1 wall to enclose 2 bedro tus: Approved with Conditions Reviewer: Marge Schmuckal Approval D to 4 dwelling units or an additional dwelling unit. You SHALL NOT add any additional kitchen equipment

1) smoke detectors shall be hard-wired

All Purpose Building



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: 5	-7 SH	ERMAN ST.	Pont V	nd ME oya
Total Square Footage of Proposed Struct	ture	Square Footage of L	_ot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 636 F 6200 0 /	Owner:	SALLIEDER		Telephone:
Lessee/Buyer's Name (If Applicable)	telephone CNG C	SCHWEIDER	Wo	rk: \$300 00 ary
Culterii doci		H units		
			ENCI	one Bediens
We will contact you by phone when the review the requirements before starting a	t is ready: <u>C.</u> CUDE permit is read iny work, with	ALG SOUNDEDE by. You must come in a a Plan Reviewer. A st	and pick u	p the permit and der will be issued
DENIED AT THE DISCRETION OF THE BUILDING INFORMATION IN ORDER TO APROVE THIS PICTURE IN THE PROPERTY IN THE PR	P/PLANNING ERMIT. carmed property, tication as his/he in this application	or that the owner of record or authorized agent. I agree to be lessued, I certify that the C	REQUIRE A authorizes the to conform to	DDITIONAL proposed work and that I all applicable laws of this authorized representative
Signature of applicant:	Telephone: Block & Lot Block & Selephone: Applicant name, address & Cost of many Work: 300 - 00	33.		
This is NOT a permit you may n	of comme	ace ANV work until	the nam	nit le leeuad

This is NOT a permit, you may not commence ANY work until the permit is issued.

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

teme in unic SHEER Rak Morau Door. BATA BKW INTO Bodran CLOS

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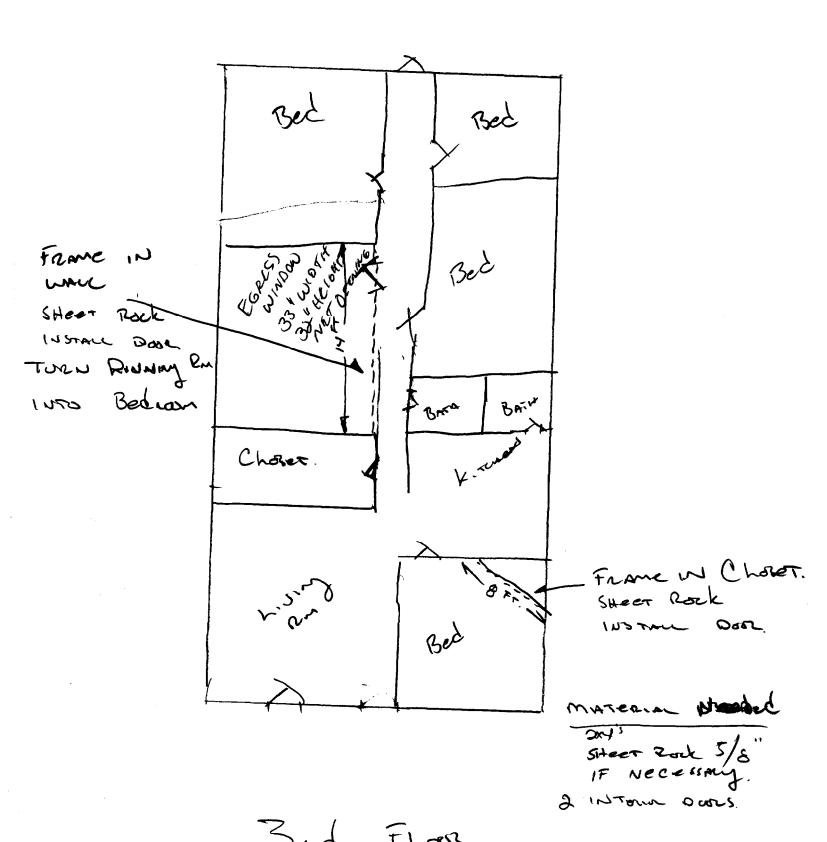
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2X4's

SHOOT ROCK 5/8" 4F

NECESSAND.

2 INTERIOR DEORS



Ren Apr. and Expers Bedran Frame IN Choset. SHEET Rock install our

MATERIAL MANUELLAND NAMES SHEET ROCK IF NECESSARY INTERIOR DOOR.

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