

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

Permit No: 03-1459	Issue Date:	CBL: 037 D023001
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Location of Construction: 15 Casco St	Owner Name: Spring Street Limited	Owner Address: 168 Summer St	Phone:
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial / Office	Proposed Use: Office / Build out two offices one 10' x 10' and one 10' 12'.	Permit Fee: \$48.00	Cost of Work: \$2,500.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	

Proposed Project Description: Build out two offices one 10' x 10' and 10' x 12'.	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: gg	Date Applied For: 11/25/2003	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	<p>Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<p>Historic Preservation</p> <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:
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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 APPLICAN ADDRESS DATE PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT DATE PHO

Location of Construction: 15 Casco St	Owner Name: Spring Street Limited	Owner Address: 168 Summer St	Phone:
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Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 12/01/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 12/08/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 12/01/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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SIGNATURE OF APPLICAN

ADDRESS

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DATE

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