Form # P 04	DISPLAY T	HIS CA	ARD ON	PRINCIPAL	FRONT/	AGE OF	WORK
Please Rea	ad	Cľ	TY O	F PORT	<b>LANI</b>	2	
Application A Notes, If Ar Attached	ıy,		F	ERMIT		Permit Num	per: 030030/as mandand og aland
This is to cert	tify that Earl Apart	ments Llc /Ap	pplic		J.	$\rho ( c )$	- Int 1
has permissio	on to Renovatio	ns After Fire l	Dam: Unit #			een al	nanour de
AT <u>28 Prebl</u>	e St				<u> </u>	005001	appire
of the pr	that the persor ovisions of the truction, mainte artment.	Statutes	of <b>N</b> ine a	and of the	ances of	the City of	shall comply with all Portland regulating application on file in 1/22/08
	Public Works for strue e if nature of work re rmation.		N fication gin and b re this lated or H IR NC	winn permisen p s le dina or rt th		procured by	e of occupancy must be owner before this build- hereof is occupied.
Fire Dept	HER REQUIRED APPRO	VALS					
Health Dept.	i						
Other							
	Department Name					Director - Building	g & Inspection Services
		PE	ENALTY FO	<b>DR REMOVING</b>	THIS CARD	)	

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City of	Portland, Maine - B	uilding or Use Permi	t		Permit No:	Date Applied For:	CBL:
÷	,	l: (207) 874-8703, Fax:		4-8716	03-0030	01/15/2003	037 F005001
Location of	of Construction:	Owner Name:			Owner Address:		Phone:
28 Preb	le St	Earl Apartments Llc			104 Grant St		
Business N	Name:	Contractor Name:			Contractor Address:		Phone
		Applicant			Portland		
Lessee/Bu	yer's Name	Phone:	Ι	•	Permit Type:		
					Alterations - Mult	i Family	
Proposed	Use:			Propose	d Project Description:		
Multi Fa	amily - no change permitte	d		Renov	ations After Fire D	amage/Unit # 354	
Dept:	Zoning Status	Approved with Condition	ns <b>Re</b> v	viewer:	Marge Schmucka	Approval Da	ate: 01/21/2003
-	28 Preble St				-		Ok to Issue: 🗹
1) AN	Y exterior work requires a	separate review and approv	val thru H	[istoric]	Preservation		
	-					11.1	
		n additional dwelling unit. oves, microwaves, refrigera					t including, but
	1 1 5	xty four (64) family dwelli	ng with c	ommerc	ial space. Any chai	nge of use shall requi	re a separate
pern	nit application for review a	ind approval.					
Dept:	Building Status	Pending	Rev	viewer:		Approval Da	nte:
Note:		6					Ok to Issue:
Dept:	Fire Status	Approved	Rev	viewer:	Lt. McDougall	Approval Da	ate: 01/21/2003
Note:							Ok to Issue: 🗹
Comme	nts:						
		bout the extent of the dam	age and f	re cena	ration assemblies I	aft Massaga w/ Mr. I	Jawkac
01/23/20			age and h	ne sepa			1awKCS

City of Portland, Mai	ne - Building or Use	Permit Application	on Per	mit No:	Issue Date:		CBL:	
389 Congress Street, 041	, Fax: (207) 874-87	16	03-0030			037 F0	05001	
Location of Construction:	Owner Name:			Owner Address:			Phone:	
28 Preble St	Earl Apartmen	Earl Apartments Llc			104 Grant St			
Business Name:	Contractor Name	:	Contra	Contractor Address:			Phone	
Applicant			Port	Portland				
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:				Zone:
			Alte	Alterations - Multi Family			3-5	
Past Use:	Past Use: Proposed Use:		Permi	Permit Fee: Cost of Work:		CEO District:		7
Multi Family	Multi Family			\$72.00	/ \$6,200.0	0	2	
			FIRE	DEPT:	Approved IN	SPECTIO	)N:	
						se Group:		Туре:
	· 2 1.5	1			2			
lightuse, 64 5	welly mits i	comment h	<u>e</u> _					
Proposed Project Description:	Noch	And Aumit	FA .					
Renovations After Fire Dar	nage/Unit # 354	a power	Signat			gnature:		
n O L L	- d+ x	RIDIA	- Sede	STRIAN ACTI	VITIES DISTRIC	CT (P.A.D	).)	
ABAN	Some (, )	April	Action	n: 🗌 Approv	ed Approve	ed w/Cond	litions	Denied
	1/-	20155	Signa	ure:		Date	e:	
Permit Taken By:	Date Applied For:			Zoning	Approval			
gad	01/15/2003			Zonna	11pp10/ui			
	n does not preclude the	Special Zone or Review		vs Zoning Appeal		Historic Preservation		ervation
	ting applicable State and	Shoreland	oreland 🗌 Variance		Not in District or Landmark			
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		U Wetland		Miscellaneous		Does Not Require Review		
<ol> <li>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</li> </ol>		Flood Zone		Conditional Use		Requires Review		view
		Subdivision		Interpreta	ation		Approved	
		Site Plan		Approved		Approved w/Conditions		
		Maj Minor Mi	M	Denied			Denied	· · · · ·
		Date: 2 12	103	Date:		Any Date:	exter Feijim	us Asep
			· ····			 	Foren	

## 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

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03-0030

## 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: $3C$	Preble	St. Por	Hond	UNIT #354	
Total Square Footage of Proposed Structu		Square Foota			
Tax Assessor's Chart, Block & LotChart#Block#Lot#U37F005	Owner: 7	ORT Paper	h Manag	rmzy <b>je</b> lephone:	-
Lessee/Buyer's Name (If Applicable)	telephone: // @	name, address Navhan h Plummer F cham, Me Es	8. 10/05 2-0405 E 2-5269	Cost Of Work: \$ <u>6200</u> Fee: \$ 72.00	
Current use: <u>Apt. dwelling</u> If the location is currently vacant, what wa Approximately how long has it been vaca Proposed use: <u>Same</u> Project description: Renovations	as prior use: _ int:	/		 	
Who should we contact when the permit I Mailing address: // /²//mmm <i>Garham, Ma</i> 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	<i>RA</i> <i>CI4CS</i> ermit is read y work, with	y. You must co a Plan Reviewe	me in and p	olck up the permit and	d
THE REQUIRED INFORMATION IS NOT INCLU ENIED AT THE DISCRETION OF THE BUILDING, NFORMATION IN ORDER TO APROVE THIS PER nereby certify that I am the Owner of record of the nail ave been authorized by the owner to make this applic risdiction. In addition, if a permit for work described in all have the authority to enter all areas covered by the this permit.	<b>PLANNING E</b> RMIT. med property, c cation as his/her this application	DEPARTMENT, W or that the owner of authorized agent. is issued, I certify th reasonable hour to	E MAY REQU f record author l agree to con at the Code O	IIRE ADDITIONAL izes the proposed work and form to all applicable laws fficial's authorized represen	d that l of this itative
This is NOT a permit, you may no you are in a Historic District you may Planning Depart		ce ANY work	c until <b>the</b> nal permit	JAN 1 5 2003	the

