

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 040403

PERMIT ISSUED APR 27 2004 CITY OF PORTLAND

This is to certify that Dictar Associates Ii/Allied/Construction has permission to Add doors in corridors on 2nd floor, 4th floor AT 468 Fore St 038 F008001

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

Signature of Director Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

1/7/05

Completed

A. No

PERMIT ISSUED

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

Permit No: 04-0403	Issue Date: 27 2004	CBL: 038 F008001
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Location of Construction: 468 Fore St	Owner Name: Dictar Associates Ii	Owner Address: Po Box 3572	CITY OF PORTLAND	Phone:
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Business Name:	Contractor Name: Allied/Cook Construction	Contractor Address: PO Box 1396 Portland	Phone: 2077722888
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Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B3
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Base Use:	Proposed Use: Hotel/ Add doors in corridors on 2nd, 3rd, 4th flr.	Permit Fee: \$102.00	Cost of Work: \$9,000.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R1 Type: 3B 2/26/04 <i>[Signature]</i>
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Proposed Project Description:
Add doors in corridors on 2nd, 3rd, 4th flr.

Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 04/12/2004	Zoning Approval		
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- 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"/>
Date: 4/20/04

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:

Historic Preservation
<input type="checkbox"/> Not in District or Landmarl
<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
Date: Any exterior work requires A SEPARATE REVIEW

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
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RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE	DATE	PHONE
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