

General 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.

| Address/Location of Construction: | 19 UPOGG STHEOT, POPTLA | IND, MAINE | | | | |
|--|--|------------------------|--|--|--|--|
| Total Square Footage of Proposed Structure: | | | | | | |
| | 448 SF | PEMOLITION | | | | |
| Tax Assessor's Chart, Block & Lot | Applicant Name: 64660 VIEW | Telephone: | | | | |
| Chart# Block# Lot# | Applicant Name: 64500 VEW Address Harrison II, LLC | 1 * | | | | |
| | Address Harings II, LLC | 201. 791. 3469 | | | | |
| 038 F n14 | P.O. MOX 1137 | 1 | | | | |
| 038 r 011 | City, State & Zip | Email | | | | |
| | Post littered to be the | Johnandky @ | | | | |
| | POSTVANDI MAINE (0410) | Memic. wm | | | | |
| Lessee/Owner Name: SAME | Contractor Name: VILLACE | Cost Of Work: | | | | |
| for curreneut tuan abbitcaut) | (if different from Applicant) BUINDEG | \$ 10,000 | | | | |
| Address: | Address: | | | | | |
| | 21 NEW PORTLAND LOAD | C of O Fee: \$ O. | | | | |
| City, State & Zip: | City, State & Zip: | 0 31 0 1 42 4 | | | | |
| | Constant land | Historic Rev \$ 0. | | | | |
| Tolophone & D | GARHAM, ME 04078 | Thatone Key \$ | | | | |
| Telephone & E-mail: | Telephone & E-mail: | Total Fees : \$ 120.00 | | | | |
| | 207. 639, 6072 | Lotal Fees : \$ 120.00 | | | | |
| | SAICS EVILLAGE BUILDES. COM | | | | | |
| Current use (i.e. single family) BUSINESS | | | | | | |
| If vacant, what was the previous use? NA | | | | | | |
| Proposed Specific use: 5AME - OFFICE 6 | | | | | | |
| Is property part of a subdivision? NO If yes, please name HA | | | | | | |
| Project description: | | | | | | |
| hologopha (AC 1945T ADAM 2 ATTION () | | | | | | |
| PERMOLITION OF TOLLET ROOM PARTITION/STAWS, PXTVINES, ALLESSONES | | | | | | |
| 4 (INIGHOS DI SCLOND FLOOR BATHLOOMS | | | | | | |
| Who should we contact when the permit is ready: JEPOME DOBRANGKY (MEMIC) | | | | | | |
| Address: P. O. BOX 1137 | | | | | | |
| City, State & Zip: PORNAND, MAINE 04101 | | | | | | |
| E-mail Address: j cobrangly @ memic .com | | | | | | |
| Telephone: 201, 191. 3469 | | | | | | |
| Please submit all of the information outlined on the applicable of the | | | | | | |

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

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|------------|----------|--------|-------------|------|----------|
| | Michael, | 10 Hm. | · | . 1. | |
| Signature: | IVNCLAPI | 17 mg | ** | 6/29 | 120114 |
| oignatuit. | | } | Date: | 9/20 | 12014 |
| | | | | | <u> </u> |