City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				Permit No: 08-0057	Issue Dat	e:	CBL: 038 G00	203E
Location of Construction:Owner Name:269 COMMERCIAL ST 3ECONKLIN HENR		NRY C		Owner Address: PO BOX 219		Phone:		
Business Name: Contractor Name Papi & Romano				Contractor Address: PO Box 1079 Portland		Phone 2077973381		
Lessee/Buyer's Name	Phone:			rmit Type: lterations - Mul	it Type: erations - Multi Family			Zone:
renovate exist no changes to between apart		le Family Condo - ing apartment/condo existing partition		Approveu		00.00 INSPE		
				Denied		0.50 0.	se Group. Type	
Proposed Project Description: renovate existing apartment/co between apartments	sting partition	PEI	Signature: Signat PEDESTRIAN ACTIVITIES DISTRICT Action Action Approved			(P.A.D.)		
			Sig	gnature:			Date:	
Permit Taken By: ldobson	Date Applied For: 01/22/2008	Zoning Approval			1			
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		Zonir	Zoning Appeal		Historic Preservation	
					Variance		Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	Miscellaneous		Does Not Require Revie	
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		Flood Zon		Conditio	Conditional Us		Requires Review	
		Subdivision					Approved	
		Site Plan		Approv	ed		Approved w/	Condition
		Maj 🗌 Mino 🗌 Mi	M	Denied			Denied	
		Date:		Date:		Ľ	Date:	

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 269 COMMERCIAL ST 3E	Owner Name: CONKLIN HENRY C		Owner Address: PO BOX 219		Phone:	
Business Name:	Contractor Name: Papi & Romano Builde	ers, Inc	Contractor Address: PO Box 1079 Portland		Phone 2077973381	
.essee/Buyer's Name	Phone:		Permit Type: Alterations - Multi Far	nily	Zone:	
•	Approved with Condition	ns Reviewer:	: Deborah Andrews	Approval Date:		
 Note: 1) * Approved on the basis of the require new review and approved 	-	detail provided	with the building perm		Ik to Issue: I deviations	
Dept: Zoning Status:	Approved with Condition	ns Reviewer:	Ann Machado	Approval Date:	01/22/2008	
Note:				0	k to Issue: 🗹	
work.2) ANY exterior work requires a s	separate review and approv	al thru Historic	Preservation. This prope	erty is located within	n an Historic	
work. 2) ANY exterior work requires a s District. Dept: Building Status:	Separate review and approved with Condition			Approval Date:		
work. 2) ANY exterior work requires a s District. Dept: Building Status: Note:	Approved with Condition	ns Reviewer :	: Jeanine Bourke	Approval Date:	02/15/2008 Note to Issue:	
 work. 2) ANY exterior work requires a s District. Dept: Building Status: Note: 1) All penetratios through rated a ASTM 814 or UL 1479, per IBC 	Approved with Condition Approved with Condition assemblies must be protected 2003 Section 712. For any electrical, plumbing,	ns Reviewer : ed by an approv or HVAC system	: Jeanine Bourke ed firestop system insta ms.	Approval Date:	02/15/2008 Note to Issue:	
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