



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.

Location/Address of Construction: <u>14 York street, Suite 103</u>		
Total Square Footage of Proposed Structure/Area <u>3650 +/- usf</u>		Square Footage of Lot <u>19,307 sf</u>
Tax Assessor's Chart, Block & Lot Chart# <u>40</u> Block# <u>F</u> Lot# <u>11</u>	Applicant * must be owner, Lessee or Buyer* Name <u>J.B. Brown : Sons</u> Address <u>36 Danforth St.</u> City, State & Zip <u>Portland, ME 04101</u>	Telephone: <u>774-5908</u>
Lessee/DBA (If Applicable) <u>Office Resources</u>	Owner (if different from Applicant) Name <u>Same</u> Address City, State & Zip	Cost Of Work: \$ <u>20,000</u> C of O Fee: \$ <u>—</u> Total Fee: \$ <u>220 -</u>
Current legal use (i.e. single family) <u>office</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>office</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Demo existing offices, build 3-10'+/- walls to demise library, office, conf room (face walls of those rooms will be system furniture), install new entry door and close by 3 doors currently servicing the unit, build coat closet.</u>		
Contractor's name: <u>Reagan : Company</u> Address: <u>106 Merrill Rd.</u> City, State & Zip <u>Gray, ME 04039</u> Telephone: <u>657-6353</u> Who should we contact when the permit is ready: <u>Vin Veroneau</u> Telephone: Mailing address: <u>36 Danforth St. Portland, ME 04101</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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.

RECEIVED
FEB 15 2013
Dept. of Building Inspections
City of Portland Maine

Signature: [Signature] Date: 2/15/13

This is not a permit; you may not commence ANY work until the permit is issued

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 2013-00323	Issue Date:	CBL: 040 F011001
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Location of Construction: 14 YORK ST - suite 103	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207 PORTLAND, ME 04112	Phone:
Business Name:	Contractor Name: Reagan & Company /Earl	Contractor Address: 106 Merrill Rd. Gray ME 04039	Phone (207) 653-6353
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B3
Past Use: Commercial Offices	Proposed Use: Commercial Offices	Permit Fee: \$220.00	Cost of Work: \$20,000.00
Proposed Project Description: Inter tenant fit-up -Demo existing offices build walls to demise library, office, conference room - Inter tenant fit-up for suite #103		FIRE DEPT: 3/20/13 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	INSPECTION: Use Group: B Type: IB IBC, 2009 (MVBEC) Signature: <i>[Signature]</i>
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: LDOBSON	Date Applied For: 02/15/2013	Zoning Approval
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<ol style="list-style-type: none"> 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"/> <input type="checkbox"/> Denied Date: <i>2-21/13</i>	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 <i>with</i> <input type="checkbox"/> Not in District or Landmark <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: <i>requires a separate review - approved</i>
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE