



Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 31-33 Tyng Street Apt 2 Portland, ME

Tax Assessor's CBL: 044 C009 002 Cost of Work: \$ 10,000
Chart # Block # Lot #

Proposed use (e.g., single-family, retail, restaurant, etc.): Single family Condo in 3 unit building

Current use: Same Past use, if currently vacant: _____

- Commercial
 Multi-Family Residential
 One/Two Family Residential

Type of work (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Change of Ownership - Condo Conversion |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input type="checkbox"/> Change of Use |
| <input checked="" type="checkbox"/> Alteration | <input type="checkbox"/> Pool - Above Ground | <input type="checkbox"/> Change of Use - Home Occupation |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Pool - In Ground | <input type="checkbox"/> Radio/Telecommunications Equipment |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Radio/Telecommunications Tower |
| <input type="checkbox"/> Demolition - Structure | <input type="checkbox"/> Replacement Windows | <input type="checkbox"/> Tent/Stage |
| <input type="checkbox"/> Demolition - Interior | <input type="checkbox"/> Commercial Hood System | <input type="checkbox"/> Wind Tower |
| <input type="checkbox"/> Garage - Attached | <input type="checkbox"/> Tank Installation/Replacement | <input type="checkbox"/> Solar Energy Installation |
| <input type="checkbox"/> Garage - Detached | <input type="checkbox"/> Tank Removal | <input type="checkbox"/> Site Alteration |

Project description/scope of work (attach additional pages if needed):

Bedroom - remove plaster & corner closet, insulate exterior wall, install new system
Kitchen - remove closet area make room for fridge
remove built in in dining room, install dry wall, install closet pole & shelf

Applicant Name: Southern Maine Remodeling Phone: (207) 888 - 3929

Address: 32 Payne Rd Scarborough, Me 04074 Email: travisb@southernmaineremodeling.com

Lessee/Owner Name (if different): Kate Luddy / Corey Templeton Phone: (761) 454 - 5077

Address: 33 Tyng St #2 Email: kakluddy@gmail.com

Contractor Name (if different): Same as applicant Phone: () -

Address: _____ Email: _____

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.

Signature: [Signature] Date: 1/17/18

This is a legal document and your electronic signature is considered a legal signature per Maine State law.

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.