

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

Permit No: 09-1431	Issue Date:	CBL: 044 C013001
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Location of Construction: 36 STATE ST unit13	Owner Name: LOW INCOME PROPERTIES LLC &	Owner Address: 50 MARKET ST # 299	Phone:
Business Name: UNI-T Dental Arts	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name Joshua Deprez	Phone: 207-766-6161	Permit Type: Change of Use Home Occupation	Zone:

Past Use: multifamily	Proposed Use: Multifamily -Residential (unit #13 in #38) w/ home occupation - Change of use from residential to residential w/ home occupation for Dental Prosthetic lab	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 2
Proposed Project Description: Change of use from residential to residential w/ home occupation for Dental Prosthetic lab		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: Ldobson	Date Applied For: 12/21/2009	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Business Name: UNI-T Dental Arts	Contractor Name:	Contractor Address:	Phone
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 12/31/2009

Note: **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for any new signage.
- 3) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.
- 4) This property shall remain a twenty-two family dwelling with a home occupation in #38, unit #13. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 01/15/2010

Note: **Ok to Issue:**

- 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 01/14/2010

Note: **Ok to Issue:**

- 1) This permit is for change of use only, any construction shall require additional permits. The occupancy shall meet NFPA 101 code requirements upon inspection.

Comments:

12/22/2009-amachado: Spoke to Joshua. Need letter of permission from owner.

12/31/2009-amachado: Received letter of permission from owner.

1/12/2010-amachado: I should have routed the permit to fire after I signed off since it is a multi-unit building. Took it from inspections basket and put it in fire basket.

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DATE

PHO