•	y of Portland, Maine -	0		-	rmit No: 04-0814	Issue Date	:	CBL:	
	Congress Street, 04101	. , , ,	Fax: (207) 874-871	6	04-0814			044 E014	4001
Location of Construction: Owner Name:				Owner Address:			Phone:		
		Pohl Leslie N &	Pohl Leslie N &		45 Brackett St Apt 2			874-0093	
		Contractor Nam	Contractor Name:		Contractor Address:			Phone	
		no contractor /	no contractor / self		Portland				
Lessee/Buyer's Name Phone:		Phone:		Permit Type: Legalization of Non-Conforming U		ng Units		Zone:	
Past Use: Proposed Us				Permit Fee: Cost of Work: CEO I			EO District:	1	
2 unit multifamily legal		-	legalizing one nonconforming unit for a total of 3 unit multifamily		\$300.00		60.00	2	
		5 5			FIRE DEPT: Approved INSP			PECTION:	
Prop	oosed Project Description:			_					
Make 3rd unit legal and conforming				Signa	Signature:		Signature:	nature:	
				PEDE	PEDESTRIAN ACTIVITIES DISTRIC			T (P.A.D.)	
				Actio	Action: Approved Approved			w/Condition Denied	
				Signa	iture:		D	ate:	
Permit Taken By: jodineaDate Applied For: 06/15/2004		Zoning Approval							
1.	 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		Zoning Appeal]	Historic Preservation	
			Shoreland		Variance			Not in District or Landma	
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie	
3.			Flood Zon		Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work				Interpretatio			Approved		
			Site Plan		Approve	ed		Approved w/	Condition
			Maj 🗌 Minor 🗌 Mi	M	Denied			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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction:	Owner Name:		Owner Address:]	Phone:	
45 Brackett St	Pohl Leslie N &	Pohl Leslie N &			874-0093	
Business Name:	Contractor Name:	Contractor Name:		1	Phone	
	no contractor / self		Portland			
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:	
			Legalization of Non-C	Conforming Units		
Dept: Zoning Statu	s: Approved with Condition	ns Reviewer:	Marge Schmuckal	Approval Date	: 03/2	3/2005
Note: 8/4/04 notices sent - no	comments received from the	notice		()k to Issue:	\checkmark
	received with three comments					
3/22/05 - received Housi	ng sign off					
1) Separate permits shall be req	uired for future decks, sheds	, pools, and/or g	garages.			
2) This property shall remain a	three (3) family dwelling wit	h the issuance a	nd subsequent certificat	e of occupancy of t	his permit	Δnv
change of use shall require a			*	e of occupancy of t	ins permit.	Апу
0 1						
3) This permit is being approve	d on the basis of plans subm	itted. Any devi	ations shall require a se	parate approval be	fore starting	g that
work.						
Dept: Building Statu	s: Approved with Condition	Douiowon	Tammy Munson	Approval Date	. 02/2	4/2005
	s: Approved with Condition	is Keviewer				
Note:				_	Ok to Issue:	
1) Contruction activity was not	applied for or reviewed as a p	part of this perm	it. This permit authorize	es a change in use O	NLY.	
2) This is a Change of Use ONL	Y permit. It does NOT autho	rize any constru	ction activities.			
		•				
Dept: Fire Statu	s: Approved with Condition	ns Reviewer :	Lt. MacDougal	Approval Date	: 06/2	
Note:						2/2004
				0)k to Issue:	_
1) the boiler shall be seperated v	with a minimum of one hour of	enclosure or wit	h a smoke protected end			\checkmark
· ·			-			\checkmark
2) smoke detectors shall be insta	alled in accordance with NFF	A 101 life safet	-			\checkmark
· ·	alled in accordance with NFF	A 101 life safet	-			\checkmark
2) smoke detectors shall be insta	alled in accordance with NFF	A 101 life safet	-			\checkmark
 2) smoke detectors shall be insta 3) vertical openings shall be fire 	alled in accordance with NFF e rated with a minimum of one	PA 101 life safet e hour rating	-			\checkmark

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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО