|                            | CITTORICAND |                |
|----------------------------|-------------|----------------|
| Please Read                |             | DEDINIT LOOKED |
| Application And            | E           | PERMIT ISSUED  |
| Notes, If Any,<br>Attached | PERMIT      | Number: 050252 |
| L                          |             | APR 1 4 2005   |

Form # P 04

Engholm Grace

DISPLAY THIS CARD

This is to certify that has permission to

AT 108 Park St

Renovations of one bedroom

existing old ones dd studs do. Lev loor ar

ration

045 B004005

PRINCIPAL FRONTAGE OF WORK

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

N ication insped must

of buildings and st.

ne and of the

gi and w n permis n procu

b e this t dina o thered d or d losed-in.

R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS** 

Fire Dept.

Health Dept.

**Appeal Board** 

Other

Department Name

epting this permit shall comply with all

tures, and of the application on file in

ences of the City of Portland regulating

| City of Portland, Main                             | ne - Building or Use l   | Permit Application                    | n Permit   | No:  | BERN                     | T 153                 | SUEI   | BL:                                     |             |
|--|--|---------------------------------------|--|--|--------------------------|-----------------------|--|---|-------------|
| 389 Congress Street, 0410                          | · ·  |                                       | II .   | 05-0252  | 1                        |                       |  | 045 BC                                  | 04005       |
| Location of Construction:                          |  | Owner Ac                              | ldress:  | APR  | 1 4                      | 200FP                 | hone:  | 1                                       |             |
| 108 Park St Engholm Grace                          |  | e                                     | 108 Park St # 5                                      |  | Alli                     | • •                   |  | 1                                       |             |
| Business Name:                                     | Contractor Name  | Contractor Name:                      |  | Contractor Address:                                |                          |                       | Phone  |   |             |
| Ruth Domi  |  | )                                     | 27 Storer St Portle ()F P(                           |  |                          | P() F                 | RTL 121112684254                                       |   |             |
| Lessee/Buyer's Name                                | Phone:   |                                       | Permit Ty  | -  | graphic statement of the | , up spin An          | , - yaar state   | San | Zone:       |
|  |  |                                       | Alterat  | ions - Dw  | ellings                  |                       |  |   | 1 152       |
| Past Use:  | Proposed Use:  | z ikr                                 | Permit Fo  | ee:  | Cost of Wor              | k:                    | CEO  | District:                               | 7 ′         |
|  |  | renovations of one                    | FIRE DEPT: Approved IN                               |  |                          | 00.00                 |  |   |             |
|  | o. Level floor and   | INSPECTION:                           |  |  |                          | Sh                    |  |   |             |
|  | add wan studs  | to existing old ones.                 |  |  | Denied                   | Use C                 | Group:   | 2                                       | Type: 5b    |
| A O . co' C.                                       | re (5) kondomu   | in ma Classic                         | 1. Pal   | 111  |                          | 1                     | '  | ١                                       | m )         |
| myseuse, til                                       | re (5) kanaamu   | 111117 (18210                         | 7~~~~  | - <b>シ</b> ,ロ                                      | )                        | •                     | Th   | C = 2                                   | 007         |
| Proposed Project Description:                      | m aanda. Laval flaar and   | add atuda to aviating                 | G:   | Maria  | Selley.                  | G                     |  | an h                                    | 13/13/15    |
| Renovations of one bedroom old ones                | in condo. Level 11001 and a  | add studs to existing                 | Signature: Out Selley S PEDESTRIAN ACTIVITIES DISTRI |  |                          |                       | gnature: 17 0  |   |             |
|  |  |                                       |  |  |                          |                       | 1  | _                                       | 1 '         |
|  |  |                                       | Action:  | Approv   | ved App                  | proved v              | ed w/Conditions Denied                                 |   |             |
|  |  |                                       | Signature  | :  |                          |                       | Date   | :                                       |             |
| Permit Taken By:                                   | Date Applied For:  |                                       | <del></del>  | Zoning   | Approva                  | al                    |  |   |             |
| dmartin  | 03/15/2005   |                                       |  |  |                          |                       |  |   |             |
| 1. This permit application                         | does not preclude the  | Special Zone or Review                | ews  | Zonii  | ng Appeal                |                       | Hi   | storic Pre                              | servation   |
| Applicant(s) from meet Federal Rules.              | ting applicable State and  | Shoreland                             | land [   |  | ☐ Variance               |                       | Not in District or Landmark                            |   |             |
|  | Building permits do not include plumbing, septic or electrical work. |                                       |  | ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation |                          |                       | ☐ Does Not Require Review ☐ Requires Review ☐ Approved |   |             |
| 3. Building permits are vowithin six (6) months of | ☐ Flood Zone ☐ Subdivision   |                                       |  |  |                          |                       |  |   |             |
| False information may permit and stop all wor      |  |                                       |  |  |                          |                       |  |   |             |
|  | Site Plan  |                                       | Approved   |  |                          | Approved w/Conditions |  |   |             |
|  | Maj Minor MM   | Denied                                |  |  | 1                        | Denied ,              |  |   |             |
|  |  | 10 Kw th 10                           | nditter  | 2  |                          | 1                     | Any  | 1ext                                    | e,10 Two    |
|  |  | Date:                                 | Lo S Da  | ite:   |                          | _  1                  | Date:  | cym                                     | resA        |
|  |  | 7) 71                                 |  |  |                          |                       | Can at Caring  |   |             |
|  |  |                                       |  |  |                          |                       | Sething reach  |   |             |
|  |  |                                       |  |  |                          | K                     | nd   | 994                                     | 1012        |
|  |  |                                       |  |  |                          | •                     |  | . 1 1                                   |             |
|  |  | CERTIFICATI                           | ION.   |  |                          |                       |  |   |             |
| I hereby certify that I am the                     | owner of record of the ma  |                                       |  | عط بين ساد اد                                      | ا میندامینی              | h., 44 -              |  | m of =====                              | nd and that |
| I have been authorized by th                       | e owner to make this appli   | ication as his authorize              | d agent an   | id I agree   | to conform               | to all a              | z owne<br>applica                                      | able laws                               | of this     |
| jurisdiction. In addition, if a                    | permit for work describe   | d in the application is i             | ssued, I ce  | ertify that  | the code of              | ficial's              | author   | rized rep                               | resentative |
| shall have the authority to er                     |  |                                       |  |  |                          |                       |  |   |             |
| such permit.                                       |  |                                       |  |  |                          |                       |  |   |             |
| OLGAN TIMES OF SECTION                             | <del></del>  | <del></del>                           |  |  | · _ · _                  |                       |  |   |             |
| SIGNATURE OF APPLICANT                             |  | ADDRES                                | 5  |  | DATE                     |                       |  | PHC                                     | INE         |
|  |  |                                       |  |  |                          |                       |  |   |             |
| RESPONSIBLE PERSON IN CHA                          | ARGE OF WORK, TITLE  | · · · · · · · · · · · · · · · · · · · |  |  | DATE                     |                       |  | PHC                                     | ONE         |