

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF CITY OF PORTLAND

Dept of Health and Human Services
Environmental Health

Please Read Application And Notes, If Any, Attached

SECTION PERMIT

Permit Number: 051614

This is to certify that Sullivan Maryellen/n/a

has permission to Legalization of one non conforming unit to be a total of three units.

AT 22 Deering St 046 C005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

PERMIT IS
MAY 12 2006
CITY OF PORTLAND

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

Notification of inspection must be given and when permission procured before this building or part thereof is altered or closed-in. 24 HOUR 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

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1614	Issue Date:	CBL: 046 C005001
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Location of Construction: 22 Deering St	Owner Name: Sullivan Maryellen	Owner Address: 260 Basin Point Rd	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED 207-833-2378 MAY 12 2006 </div>
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone: 207-833-2378
Lessee/Buyer's Name	Phone:	Permit Type: Legalization of Non-Conforming Units	Zone: K-6

Past Use: 2 units	Proposed Use: Legalization of one non conforming unit to be a total of three units.	Permit Fee: \$375.00	Cost of Work: \$0.00	CBO District: 1
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Proposed Project Description: Legalization of one non conforming unit to be a total of three units.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R2 Type: SB Signature: <i>[Handwritten Signature]</i>
	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten Signature]</i>

Permit Taken By: GG	Date Applied For: 11/02/2005	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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>[Handwritten Signature]</i> 5/11/06	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 <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 Any exterior work requires A separate Review and Approval Date:
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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