<b>City of Portland, Maine -</b> 389 Congress Street, 04101	U			rmit No: 07-1348	Issue Date	e:	CBL: 052 C00	6001
Location of Construction: 295 PARK AVE	Owner Name: FIREHOUSE F	IVE	Owner Address: 126 WILLIAM ST				Phone:	
Business Name:	Contractor Nan North Shore C	ne: onstruction/ Herb		Contractor Address: P.O. Box 2564 Portland			<b>Phone</b> 2077742800	
Lessee/Buyer's Name	Phone:			nit Type: terations - Commercial				Zone:
Past Use: Commercial Medical Office		Proposed Use: Commercial Medical Office - add 1 new solid core door material existing		nit Fee: \$30.00 DEPT:			TO District: 1 ION:	]
						Use Grou	se Group: Type	
Proposed Project Description: add 1 new solid core door mate		Signature: S PEDESTRIAN ACTIVITIES DISTRI		Signature: <b>`RICT (P.A</b>	0			
	Action Approved Approv		proved w/Co	ed w/Condition Denied				
			Signa	ture:		D	ate:	
Permit Taken By: ldobson	<b>Date Applied For:</b> 10/26/2007	Zoning Approval			l			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Special Zone or Rev	Reviews Zoning Appeal		H	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	
<ul> <li>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</li> </ul>		Flood Zon		Conditional Us			Requires Review	
		Subdivision		Interpretatio			Approved	
		Site Plan		Approve	ed		Approved w/	Condition
		Maj 🗌 Mino 🗌 MM	И 🗌	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 295 PARK AVE	on:	Owner Name: FIREHOUSE FIVE		Owner Address: 126 WILLIAM ST		Phone:	
Business Name:		Contractor Name: North Shore Construc		Contractor Address: P.O. Box 2564 Portland		<b>Phone</b> 2077742800	
Lessee/Buyer's Name		Phone:		<b>Permit Type:</b> Alterations - Commerc	cial		Zone:
Dept: Zoning Note:	Status:	Approved	<b>Reviewer</b> :	Marge Schmuckal	Approval Dat	e: 11/ Ok to Issue	01/2007 e: 🗹
Dept: Building Note:	Status:	Approved	<b>Reviewer</b> :	Chris Hanson	Approval Dat	e: 11/ Ok to Issue	06/2007 e: 🗹
Dept: Fire Note:	Status:	Approved	<b>Reviewer</b> :	Capt Greg Cass	Approval Dat	e: 11/0 Ok to Issue	01/2007 e: 🔽

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