Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

CTION PERMIT

Permit Number: 071055

of buildings and succtures, and of the application on file in

This is to certify that	RICE GEOFFREY I /Norris,		 	· .
has permission to	Install a Fire Alarm System			
AT 235 BRACKETT S	ST		 _055_C014001	

provided that the person or persons, arm or persons epting this permit shall comply with all of the provisions of the Statutes of I line and of the pances of the City of D the construction, maintenance and u this department.

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

fication insped n must n procu g h and w n permi: b re this ding or t thered Id ed or o osed-in. IR NOTICE IS REQUIRED.

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

Director - Building & Inspection Services

OTHER REQUIRED APPROVA	LS		
Fire Dept.	1	•	
Health Dept	1		
Appeal Board	4	ノハ	6
Other			·
Department Name	•		

PENALTY FOR REMOVING THIS CARD

City	y of Portland, Mai	ine - Building	or Use	Permi	t Applicatio	\mathbf{n}	Permit No:	Issue Date	::	CBL:	
•	Congress Street, 041	_				- 1	07-1055			055 C0	14001
Locat	tion of Construction:	Owne	r Name:			Ow	ner Address:			Phone:	
235	BRACKETT ST	RIC	E GEOFF	REY I		65	8 CONGRES	S ST 1ST FL	OOR		
Busin	iess Name:	Contr	actor Name	e:		Cor	tractor Address			Phone	_
		Nor	ris, Inc.			22	57 W Broadw	ay South Por	rtland	20788334	1 73
Lesse	e/Buyer's Name	Phone	2:			Per	mit Type:				Zone:
						F	ire Alarm Sys	tem			R-1
Past	Use:	Propo	sed Use:	<u>-</u>	<u> </u>	Per	mit Fee:	Cost of Wor	:k:	CEO District:	i i
Res	idential Multi-family	Resi	dential M	ulti-fam	ily Install a			\$8,72	20.00	2	
	·	Fire	Alarm Sy	stem	-	FII	FIRE DEPT: Approved INS		INSPE	CTION:	<u> </u>
							_	Denied	Use G	roup:	Type:
							1	Defined			
							Λ				
Prop	osed Project Description:						オ \				
Inst	all a Fire Alarm Syster	n			*.(Sig	puture:		Signat	ure:	
						PE	DESTRIAN AC	FIVITIES DIS	TRICT (P.A.D.)	-
			1	—	'V'	Aci	tion: 🗀 Appr	oved Ap	proved w	/Conditions	Denied
				T	7~						
			<u> </u>			Sig	nature:			Date:	
	it Taken By:	Date Applied 1					Zonin	g Approva	al		
dm	artin	08/28/2007	<u> </u>			_					
1.	This permit application	on does not preclu	ide the	Spe	cial Zone or Revi	ews	Zor	ning Appeal		Historic Pres りひ	ervation
	Applicant(s) from med Federal Rules.	eting applicable S	State and		oreland		Variar	nce			ct or Landmark
2		-4 for the distribution	•		etland		☐ Missa	llaneous		Does Not Re	auire Review
2.	Building permits do n septic or electrical wo		ing,	[v	etiand			naneous		Does Not Re	quite Review
3.	Building permits are viviling six (6) months			Flood Zone		Condi	Conditional Use		Requires Review		
	False information may			Subdivision		Interpretation		Ì	Approved		
	permit and stop all wo	ork									
				Si	te Plan		П Аррго	ved		Approved w/	Conditions
				Mail	□ Minor □ MN		Denied	-1		Denied	
				Maj	Minor MM	¹	Deme			Demed	
				Date:			Date:			Date:	
							•				
				C	ERTIFICATI	ON					
	eby certify that I am th										
	e been authorized by the										
	liction. In addition, if have the authority to e										
	permit.	mer un areas cov	cred by si	acii peri	int at any reaso	naon	mour to emo	ice the provi	31011 01	the code(s) ap	pireable to
erce:	(ATLINE OF ARRUSANCE							D : ==			NE
21QN	ATURE OF APPLICANT				ADDRES	3		DATE		РНО	INE
RESI	PONSIBLE PERSON IN CH	HARGE OF WORK,	TITLE	-				DATE		PHO	NE NE

City of Portland, Maine - Bui	lding or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: ((207) 874-8716	07-1055	08/28/2007	055 C014001
Location of Construction:	Owner Name:	O	wner Address:		Phone:
235 BRACKETT ST	RICE GEOFFREY I	6	58 CONGRESS S	T 1ST FLOOR	
Business Name:	Contractor Name:	C	ontractor Address:		Phone
	Norris, Inc.	2	257 W Broadway	South Portland	(207) 883-3473
Lessee/Buyer's Name	Phone:	Pe	ermit Type:		
			Fire Alarm System	<u> </u>	
Proposed Use:		Proposed	Project Description:		
Residential Multi-family Install a Fir	e Alarm System	Install a	Fire Alarm System	m	
Dept: Zoning Status:		Reviewer:	Ann Machado	Approval Da	ate:
Note:					Ok to Issue:
Dept: Building Status: I	Pending	Reviewer:		Approval Da	ate:
Note:					Ok to Issue:
	•				

Comments:

8/30/2007-amachado: Spoke to Dan Leo at Rice Management. Told him that we had letters on file about Geofrey Rice needing to change the use from 7 units to 10 units, but no actual permit. He said that he would get back to me.

9/15/2008-amachado: Permit expired. Never heard back from Dan Leo.

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 23	5 BRACKETT ST.		
Total Square Footage of Proposed Structure			
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 55 C 014	Applicant *must be owner, Lessee or Bu Name GEOFFREY RICE Address GSB CONGRESS ST.		hone: 773 — 1814
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name GEOFFREY RICE Address 658 CONCRESS ST. City, State & Zip PORILIMIN, ME	Cost Of Work: \$_ C of O Fo	8720.00 ee: \$N/A : \$_110.00
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description:			 -
	MSTEM INSTALLATION		
Contractor's name: Nornis, 1	NC.		992 - 3U77
Contractor's name: Normes, leaderss: 2257 W. Bro City, State & Zip Sound Powers Who should we contact when the permit is re	MC. MDWAY & ZAND, ME 04106 BEADY: DANA CHAMPAGNE	Telephone: _	888 - 3473 u
Contractor's name: Nonce, 1 Address: 2257 W. Bro City, State & Zip Sourt Pour Who should we contact when the permit is re Mailing address: LSAME) Please submit all of the information	MC. MDWAY & ZMND, ME 04106 eady: DANA CHAMPAGNE	Telephone: _ - - klist. Failu	
Contractor's name: Nonce, 1 Address: 2257 W. Bro City, State & Zip Sourt Pour Who should we contact when the permit is re Mailing address: LSAME) Please submit all of the information	DANA CHAMPACNE on outlined on the applicable Checken automatic denial of your permit ne full scope of the project, the Planning and issuance of a permit. For further informatic ctions Division on-line at www.portlandmainc.g	Telephone:	t Department oad copies of

This is not a permit; you may not commence ANY work until the permit is issue

Date:

Signature: