

Location of Construction: 57 Spruce Street		Owner: Bill Childs		Phone:	
Owner Address: 257 Deering Ave. Portland		Lessee/Buyer's Name:		Phone:	
Contractor Name: Carpentry Solutions		Address:		Phone: 775-0119	
Past Use: 3 unit building		Proposed Use: 4 units		COST OF WORK: \$5,000.00 PERMIT FEE: \$45.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <i>[Signature]</i>	
Proposed Project Description: Change of Use from 3 units to 4units with interior renovations		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			

Permit No: **970603**

PERMIT ISSUED

Permit Issued:
JAN 17 1997

CITY OF PORTLAND

Zone: *R-6* CBL: 56-D-21

Zoning Approval: *Condition 1 No New Open Exterior Fire ESCAPES or STAIRS*

Special Zone or Reviews:
 Shoreland *Allowed -*
 Wetland *de 8/2/97*
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Permit Taken By: **Vicki Dover** Date Applied For: **June 5, 1997**

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..

PERMIT ISSUED WITH REQUIREMENTS

Mail to Carpentry Solutions
492 Woodford St.
Portland, 04103

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 provisions of the code(s) applicable to such permit

[Signature]
SIGNATURE OF APPLICANT Adam Rosenbaum ADDRESS: _____ DATE: 6/5/97 PHONE: 775-0119
Carpentry Solutions

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review
 Action: *all exterior alterations subject to separate review*
 Approved
 Approved with Conditions
 Denied

Date: *6/5/97*
[Signature]

CEO DISTRICT **4**
A Powers