Ptrhonic, 1

DATE

PHONE

389 Congress Street, 0410 Location of Construction:	Owner Name:	Own	ner Address:	Phone:		
383 Spring St	Horn Eckart &	38:	3 Spring St	FPURTLAND		
Business Name:	Contractor Name		stractor Address:	Phone		
	no contractor /	self Po	ortland			
essee/Buyer's Name Phone:			Permit Type: Zone:			
		A	lterations - Dwellings			
Past Use:	Proposed Use:	T		f Work: CEO District:		
	level floor sys	tem in 3rd floor room	\$30.00	\$500.00 2		
Proposed Project Description: level floor system in 3rd floor room		alalah	FIRE DEPT: Approved Use Group: R 3 Type: 5 Signature: Signature:			
		M D	Action: Approved Approved w/Conditions Denied			
	, h Who	Sig	nature:	Date:		
Permit Taken By:	Date Applied For: 01/08/2004		Zoning App	roval		
1. This permit application	n does not preclude the	Special Zone or Reviews	Zoning Appe	eal Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.						
	ting applicable State and	Shoreland	☐ Variance	Not in District or Landma		
	ot include plumbing,	Shoreland Wetland	☐ Variance ☐ Miscellaneous	Does Not Require Review		
Federal Rules. 2. Building permits do no septic or electrical wor 3. Building permits are vo	ot include plumbing, k. oid if work is not started			Does Not Require Review		
Federal Rules. 2. Building permits do no septic or electrical wor	ot include plumbing, ik. oid if work is not started of the date of issuance. invalidate a building	☐ Wetland	Miscellaneous	Does Not Require Review		
Federal Rules. 2. Building permits do no septic or electrical wor 3. Building permits are vowithin six (6) months of False information may	ot include plumbing, ik. oid if work is not started of the date of issuance. invalidate a building	☐ Wetland	☐ Miscellaneous ☐ Conditional Use	Does Not Require Review /nfevior only Requires Review		
Federal Rules. 2. Building permits do no septic or electrical wor 3. Building permits are vowithin six (6) months of False information may	ot include plumbing, ik. oid if work is not started of the date of issuance. invalidate a building	☐ Wetland ☐ Flood Port ☐ Subdivision	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation	Does Not Require Review http://or only Requires Review Approved		
Federal Rules. 2. Building permits do no septic or electrical wor 3. Building permits are vowithin six (6) months of False information may	ot include plumbing, ik. oid if work is not started of the date of issuance. invalidate a building	☐ Wetland ☐ Flood Port ☐ Subdivision ☐ Site Plan	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved	Does Not Require Review hfevior only Requires Review Approved Approved w/Conditions		

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

City of Portland, Maine - Building or Use Permit 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716		Permit No: 04-0020	Date Applied For: 01/08/2004	CBL: 061 A004001	
Location of Construction:	Owner Name:	Owner Name:		Owner Address:	
383 Spring St	Horn Eckart &	Horn Eckart &		383 Spring St	
Business Name:	Contractor Name:	C	Contractor Address:		Phone
	no contractor / se	lf	Portland		
Lessee/Buyer's Name	Phone:	P	ermit Type:		-
			Alterations - Dwel	llings	
Proposed Use:		Proposed	Project Description:		
level floor system in 3rd flo	or room	level flo	oor system in 3rd f	loor room	
Dept: Zoning S Note:	Status: Approved	Reviewer:	Tammy Munson	Approval D	Ok to Issue: ✓
Dept: Building S	Status: Approved	Reviewer:	Tammy Munson	Approval D	Pate: 01/08/2004 Ok to Issue: ☑

BUILDING PERMIT INSPECTION PROCEDURES

Please call <u>874-8703</u> or <u>874-8693</u> to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

'	
By initializing at each inspection time, you are inspection procedure and additional fees from Work Order Release" will be incurred if the p below.	a "Stop Work Order" and "Stop
Pre-construction Meeting: Must be sch	neduled with your inspection team upon
receipt of this permit. Jay Reynolds, Developme also be contacted at this time, before any site wo single family additions or alterations.	nt Review Coordinator at 874-8632 mus
Footing/Building Location Inspection:	Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
use.	r to any occupancy of the structure or NOTE: There is a \$75.00 fee perection at this point.
Certificate of Occupancy is not required for certal you if your project requires a Certificate of Occup inspection If any of the inspections do not occur, t	pancy. All projects DO require a final
phase, REGARDLESS OF THE NOTICE OR	
CERPICATE OF OCCUPANICES M BEFORE THE SPACE MAY BE OCCUPIED	IUST BE ISSUED AND PAID FOR,
X Elist of	
Signature of appricant/designee	Date /8/04
Signature of Inspections Official	Date
TRI. DG / A 4 Profile Promise D4-	0020

All Purpose 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: 38	3 SPR	1N6 5712	PORT	L. HE 04102
Total Square Footage of Proposed Struct	ture	Square Footage	of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner:			Telephone:
Lessee/Buyer's Name (If Applicable)	telephone	name, address & ECK +RT 1 21NG STR . ME 0410	+OUN W	ost Of 500 ork: \$
Current use: PL+VROOM				· ·
if the location is currently vacant, what w	as prior use: _		-	_
Approximately how long has it been vac	ant:		· <u> </u>	_
Proposed use: <u>PL+K ROOM</u> Project description: RENOV+T10.	v + FL	LOOR LEVE	ELING	
Contractor's name, address & telephone	;			
Who should we contact when the permit Malling address:	Is ready: 5	*ME		
We will contact you by phone when the preview the requirements before starting a and a \$100.00 fee if any work starts before	ny work, with	a Plan Reviewer.	In and pick A stop work IONE:	up the permit and order will be issued
,	· -	<u> </u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction, in addition, if a permit for work described in this application is issued. I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

<u>· </u>		<u> </u>		
Signature of applicant:	Gald le		Date:	tu 04

This is NOT a permit, you may not commence ANY work until the permit is issued.

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

ECKLIST HORN 383 SPEINE STR PORTL. ME-04102 WING TO BE EXISTING LEXICE LOKT POSED FOR FLOOR LEVELING STATE OF STATES



CITY OF PORTLAND, MAINE

Der	partment of Buildin	ng Inspections
		1 /8/2004
Received from E	Eckart r	forn
Location of Work 3	83 Sprin	a St.
Coal of Columnication	\$ 500	
Parol Fai	\$_30	
Building (E.) V Plui	mbing (I5) Electri	cal (12) Site Plan (U2)
ca 24t A	004	
1124	,	al Collected s 30

THIS IS NOT A PERMIT

PROPERTY IN THE PROPERTY OF TH

WHITE - Applicant's Copy YELLOW - Office Copy Block - Permit Copy

Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND Please Read PULL DING_INSPECTION Application And Notes, if Any, Permit Number: 040020 PERM Attached Horn Eckart & /no contracto This is to certify that level floor system in 3rd floor soom has permission to AT 383 Spring St 061 A004001 provided that the person or persons epting this permit shall comply with all rm or lon a of the provisions of the Statutes of ine and or the Or ances of the City of Portland regulating e of buildings and the construction, maintenance and wctures, and of the application on file in this department. ficatio on mus IIIISD Apply to Public Works for street line en perm on proc n and v A certificate of occupancy must be and grade if nature of work requires lding or re this rt there procured by owner before this buildsuch information. erwise osed-in ed or ing or part thereof is occupied. JR NO QUIRED. OTHER REQUIRED APPROVALS Fire Dept. Health Dept. Appesi Board Other Department Name Director - Bullding & Inspection Services

CHALLE STREET

PENALTY FOR REMOVING THIS CARD

