City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: 23 Bramhall Street MMC Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Contractor Name: Address: Phone: Alan Eger Electric Inc. Brian or Dave 883-2900 P.O. Box 238 Gorham, ME 04038 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 35.00 \$ 2,500.00 Multi-family Same INSPECTION: FIRE DEPT. Approved Use Group R 2 Type: In ☐ Denied CBL: 063-A-003 Signature: Zonino Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: -Fire Alarm/Springler (exists) Simplex Approved Approved with Conditions: □ Shoreland Denied П □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 10-13-98 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** □ Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action CERTIFICATION □ Appoved □ Approved with Condit 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE