



Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 105 West Street

Tax Assessor's CBL: _____ Cost of Work: \$ 30,000

Chart # _____ Block # _____ Lot # _____

Proposed use (e.g., single-family, retail, restaurant, etc.): _____

Current use: Single Family Past use, if currently vacant: single family

- Commercial
- Multi-Family Residential
- One/Two Family Residential

Type of work (check all that apply):

<input type="checkbox"/> New Structure	<input type="checkbox"/> Fence	<input type="checkbox"/> Change of Ownership - Condo Conversion
<input type="checkbox"/> Addition	<input type="checkbox"/> Pool - Above Ground	<input type="checkbox"/> Change of Use
<input checked="" type="checkbox"/> Alteration	<input type="checkbox"/> Pool - In Ground	<input type="checkbox"/> Change of Use - Home Occupation
<input type="checkbox"/> Amendment	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Radio/Telecommunications Equipment
<input type="checkbox"/> Shed	<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Radio/Telecommunications Tower
<input type="checkbox"/> Demolition - Structure	<input type="checkbox"/> Commercial Hood System	<input type="checkbox"/> Tent/Stage
<input type="checkbox"/> Demolition - Interior	<input type="checkbox"/> Tank Installation/	<input type="checkbox"/> Wind Tower
<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Replacement Tank Removal	<input type="checkbox"/> Solar Energy Installation
<input type="checkbox"/> Garage - Detached		<input type="checkbox"/> Site Alteration

Project description/scope of work (attach additional pages if needed):

Remodel existing kitchen inc new wiring, heat, sheetrock, cabinets and cooktops. close one window, replace one slider with windows and replace one window to original size. no structural Headers needed existing headers to be used. All interior work

Applicant Name: Craig Cooper, Rainbow Const inc Phone: (207) 799-3051

Address: 150 Ocean House Rd. Cape Elizabeth Me. Email: crainbow@maine-rr.com

Lessee/Owner Name (if different): ALISON DENHAM Phone: (207) 400-9846

Address: 105 West Street Email: alisonadenham@gmail.com

Contractor Name (if different): same as applicant Phone: () -

Address: _____ Email: _____

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.

Signature: [Signature] Date: 8/1/17

This is a legal document and your electronic signature is considered a legal signature per Maine state law.

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.