

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

## PERMIT

Permit Number: 080526

This is to certify that WILLIAMSBURG COND MINIMUMS/CLUB LDM

has permission to Replace existing outside stairway and hand railing along the existing footprint.

AT 177 PINE ST 063 F00801C

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

PERMIT ISSUED

JUL - 8 2008

CITY OF PORTLAND

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

Notification of inspection must be given and when permission procured before this building or part thereof is laid or closed-in. 24 HOUR NOTICE IS REQUIRED.

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

### OTHER REQUIRED APPROVALS

Fire Dept. George Cross

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*[Signature]* 7/3/08

Director - Building & Inspection Services

### PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                       |             |                     |
|-----------------------|-------------|---------------------|
| Permit No:<br>08-0526 | Issue Date: | CBL:<br>063 F00801A |
|-----------------------|-------------|---------------------|

|  |                                       |  |                     |
|--|---------------------------------------|--|---------------------|
| Location of Construction:<br>177 PINE ST | Owner Name:<br>WILLIAMSBURG CONDOMINI | Owner Address:<br>177 PINE ST                  | Phone:              |
| Business Name:                           | Contractor Name:<br>Gnome LDM         | Contractor Address:<br>P.O. Box 66803 Falmouth | Phone<br>2077812955 |
| Lessee/Buyer's Name                      | Phone:                                | Permit Type:<br>Alterations - Commercial       | Zone:<br>R-4        |

|  |   |   |   |                               |
|--|---|---|---|-------------------------------|
| Past Use:<br>Residential Condo Units<br><br><i>leg use - 33</i>  | Proposed Use:<br>Residential Condo Units - Replace existing outside stairway and handrailing using the existing footprint.<br><br><i>residential condos</i> | Permit Fee:<br>\$140.00   | Cost of Work:<br>\$11,542.00  | CEO District:<br>2            |
| Proposed Project Description:<br>Replace existing outside stairway and handrailing using the existing footprint.         |   | FIRE DEPT:<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br><i>Maintain Egress</i> | INSPECTION:<br>Use Group: <i>R-2</i> Type: <i>3B</i><br><i>IBC 2003</i> |                               |
|  |   | Signature: <i>Greg Cross</i>  |   | Signature: <i>[Signature]</i> |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  |   |   |   |                               |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied |   |   |   |                               |
| Signature: _____ Date: _____   |   |   |   |                               |

|                         |                                 |                        |  |  |
|-------------------------|---------------------------------|------------------------|--|--|
| Permit Taken By:<br>lmd | Date Applied For:<br>05/15/2008 | <b>Zoning Approval</b> |  |  |
|-------------------------|---------------------------------|------------------------|--|--|

|   |  |   |  |
|---|--|---|--|
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol> | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br><br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br><i>OK w/ conditions</i><br>Date: <i>5/15/08</i> <i>[Signature]</i> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br><br>Date: _____ | <b>Historic Preservation</b><br>40<br><input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input checked="" type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br><br>Date: <i>5/12/08</i> <i>STH</i> |
|---|--|---|--|

**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 |         | DATE | PHONE |