



Revised Desc. App

General 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.

Address/Location of Construction: 966 CONGRESS ST. ²⁸⁰ (712 St. John's St.)		
Total Square Footage of Proposed Structure: 4-3,200SF		
Tax Assessor's Chart # 6 4 A 1	Applicant Name: PM CONSTRUCTION Address: 19 INDUSTRIAL PARK RD. City, State & Zip: SACO, ME 04072	Telephone: 207-282-7697 Email: glaplume@pmconstruction.com
Lessee/Owner Name: CHARTERHOUSE DEVELOPMENT, INC. (if different than applicant) Address: 17 BROOK RD WELLESLEY MA 02482 Telephone & E-mail: jconnor@verizon.net	Contractor Name: (if different from Applicant) Address: _____ City, State & Zip: _____ Telephone & E-mail: _____	Cost Of Work: \$31,000 C of O Fee: \$ _____ Historic Rev \$ _____ Total Fees : \$ _____

Current use (i.e. single family) JAN MEE RESTAURANT
 If vacant, what was the previous use? _____
 Proposed Specific use: NEW RESTAURANT (4BD)
 Is property part of a subdivision? NO. If yes, please name _____

Project description: FRAME IN OPENINGS IN DEMISING WALL TO COMPLETE DEMISING WALL. CONVERT (2) EXISTING RESTROOMS INTO ADA COMPLIANT RESTROOMS.

1744 * Amended Description per mtp w/ Tenant on 9/8. Purpose of closing up demising wall is to create two separate spaces. There is no tenant for this new space yet. The future tenant will get a separate permit to finish the new space!

Who should we contact when the permit is ready: <u>GEORGE LAPLUME, JR.</u>
Address: <u>19 INDUSTRIAL PARK RD.</u>
City, State & Zip: <u>SACO, ME 04072</u>
E-mail Address: <u>glaplume@pmconstruction.com</u>
Telephone: <u>207-282-7697 (o) 207-229-8097 (c)</u>

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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: <u>[Signature]</u>	Date: <u>9-5-14</u>
-------------------------------	---------------------

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



Original App

General 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.

280

Address/Location of Construction: 966 CONGRESS ST. (212 St. JOHN'S ST.)		
Total Square Footage of Proposed Structure: +/- 3,200SF		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 6 4 A1	Applicant Name: PM CONSTRUCTION Address 19 INDUSTRIAL PARK RD. City, State & Zip SACO, ME 04072	Telephone: 207-282-7697 Email: glaplume@pmconstruction.com
Lessee/Owner Name: CHARTERHOUSE (if different than applicant) DEVELOPMENT, INC. Address: (BOB CONNOR) 17 BROOK RD City, State & Zip: WELLESLEY, MA 02482 Telephone & E-mail: jconnor@verizon.net	Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone & E-mail:	Cost Of Work: \$ 31,000 C of O Fee: \$ _____ Historic Rev \$ _____ Total Fees : \$ _____
Current use (i.e. single family) <u>JAN MEE RESTAURANT</u>		
If vacant, what was the previous use? _____		
Proposed Specific use: <u>NEW RESTAURANT (TBD)</u>		
Is property part of a subdivision? <u>NO</u> . If yes, please name _____		
Project description: <u>FRAME IN OPENINGS IN DEMISING WALL TO COMPLETE DEMISING WALL. CONVERT (2) EXISTING RESTROOMS INTO ADA COMPLIANT RESTROOMS.</u>		
Who should we contact when the permit is ready: <u>GEORGE LAPLUME, JR.</u>		
Address: <u>19 INDUSTRIAL PARK RD.</u>		
City, State & Zip: <u>SACO, ME 04072</u>		
E-mail Address: <u>glaplume@pmconstruction.com</u>		
Telephone: <u>207-282-7697 (o) 207-229-8097 (c)</u>		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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:	Date: 9-5-14
------------	--------------

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