

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED	
Permit No: 02-0307	Issue Date: APR 22 2002
CBL: 064 D001001	

Location of Construction: 269 St John St	Owner Name: Tran Monica R & Don V Jts	Owner Address: 531 Washington St	Phone: 854-3046
Business Name:	Contractor Name: Christensen, Tony	Contractor Address: 1932 Broadway South Portland	Phone: 2078310548
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Commercial	Zone:

Past Use: Retail Space	Proposed Use: Retail Space	Permit Fee: \$198.00	Cost of Work: \$25,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: 5B BOCA 1999	

Proposed Project Description: Amend Permit # 011373 Modifying Framing & Supports	Signature: <i>[Signature]</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: mjn	Date Applied For: 04/03/2002	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 4/19/02	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 4/19/02
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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

02-0307

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: <u>269 St. John Street</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>064</u> Block# <u>D</u> Lot# <u>001</u>	Owner: <u>Don + Monika Tran</u>	Telephone: <u>854-3046</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>25,000</u> Fee: \$ <u>198.00</u>
Current use: <u>Detail space</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Same</u> <u>Amendment to permit # 011373</u>		
Project description: <u>Modifying framing + supports - Cigarette, Rent 4, + rail time</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Tony Christensen</u>		
Mailing address: <u>1932 Broadway South Portland ME 04106</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>831-0548</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 APPROVE THIS PERMIT.

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Signature of applicant: <u>Christensen</u>	Date: <u>4-02</u>
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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 procedures with the Planning Department on the 4th floor of City Hall

APR - 3 2002

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0307	Issue Date: APR 22 2002	CBL: 064 D001001
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Location of Construction: 269 St John St	Owner Name: Tran Monica R & Don V Jts	Owner Address: 531 Westbrook St	Phone: 854-3046
Business Name:	Contractor Name: Christensen, Tony	Contractor Address: 1932 Broadway South Portland	Phone: 2078310548
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Commercial	Zone:

Past Use: Retail Space	Proposed Use: Retail Space	Permit Fee: \$198.00	Cost of Work: \$25,000.00	CEO District: 3
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Proposed Project Description: Amend Permit # 011373 Modifying Framing & Supports	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>M</i> Type: <i>SB</i> <i>BOCA 1999</i>
	Signature:	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: mjn	Date Applied For: 04/03/2002	Zoning Approval	
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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

02-0307

All Purpose Building Permit Application

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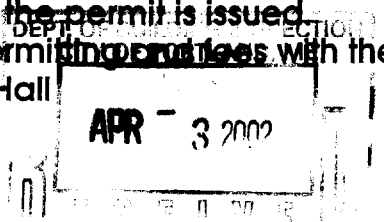
Location/Address of Construction: <u>269 St. John Street</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>664</u> Block# <u>D</u> Lot# <u>001</u>	Owner: <u>Don + Monika Tran</u>	Telephone: <u>854-3046</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>25,000</u> Fee: \$ <u>198.00</u>
Current use: <u>Detail space</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Same</u> Amendment to permit # <u>011323</u>		
Project description: <u>Modifying framing + supports - Cigarette, Rent 4, rail time</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Tony Christensen</u>		
Mailing address: <u>1932 Broadway South Portland ME 04106</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>831-0548</u>		

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Signature of applicant: <u>Christensen</u>	Date: <u>4-02</u>
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City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 01-1379 Issue Date: NOV 27 2001 CBL: 064 D001001

Location of Construction: 269 St John St	Owner Name: Tran Monica R & Don V Jts	Owner Address: 481 Westbrook St CITY OF PORTLAND	Phone:
Business Name: n/a	Contractor Name: Paul Davis Restoration	Contractor Address: 1932 Broadway South Portland	Phone: 2077750070
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: B-2

Past Use: Vacant / Retail space	Proposed Use: Retail Space / Reframe roof & flooring	Permit Fee: \$78.00	Cost of Work: \$9,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: 5B	

Proposed Project Description:
Reframe roof & flooring

Signature: *[Signature]* Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 11/05/2001	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>11/11/01</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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Separate permits required for any new signage

CERTIFICATION

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Application ID Number **1-1379**

Department: **Zoning**

Status: **Approved with Conditions**

Reviewer: **Marge Schmuckal**

Comments: **269 St John St**

Approval Date: **11/14/2001**

Given On Date: **11/13/2001**

OK to Issue Permit Name: **Marge Schmuckal** Date: **11/14/2001** Date 2:

Conditions Section:

Separate permits shall be required for any new signage.

Create Date: **11/08/2001** By: **gg** Update Date: **11/14/2001** By: **mes**

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.

10452

Location/Address of Construction: <u>269 St. Johns Street Portland ME</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>064</u> Block# <u>D</u> Lot# <u>001</u>	Owner: <u>Donald & Monika Tran</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Paul Davis Restoration</u> <u>1932 Broadway S. Portland ME</u> <u>04106</u>	Cost Of Work: \$ <u>9000⁰⁰</u> Fee: \$ <u>78.00</u>
Current use: <u>Vacant</u>		
If the location is currently vacant, what was prior use: <u>retail space</u>		
Approximately how long has it been vacant: <u>Feb 2001</u>		
Proposed use: <u>Retail Space</u>		
Project description: <u>Reframe roof & flooring per engineering specs enclosed.</u>		
Contractor's name, address & telephone: <u>Paul Davis Restoration</u>		
Who should we contact when the permit is ready: <u>Tony Christensen</u>		
Mailing address: <u>1932 Broadway South Portland ME 04106</u>		
		Phone: <u>775-0070</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 APPROVE THIS PERMIT.

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Signature of applicant: <u>Christensen</u>	Date: <u>11-5-01</u>
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