City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						Permit No: 19 06-0114		Issue Date:		CBL: 065 D003001	
Location of Construction: 98 GILMAN ST Business Name:		Owner Name: SHALOM HO	Owner Name: SHALOM HOUSE INC Contractor Name:			Owner Address: PO BOX 560 Contractor Address:			Phone:		
		Contractor Nan TBD							Phone	Phone	
Lessee/Buyer's Name		Phone:			Permit Type: Foundation Only/Commercial				Zone:		
Past Use: Vacant Land			Proposed Use: 24 Unit apartment/ FOUNDATION ONLY connected w/ permit #051773			RE DEPT: Approved II		\$0.00 INSPE			
Proposed Project Description: FOUNDATION ONLY connected w/ permit #051773						Signature: PEDESTRIAN ACTIVITIES DIST		Signature: FRICT (P.A.D.)			
					Actio		ved App	proved v	v/Condition	Denied	
Permit Taken By: Date Applied For: 01/25/2006				Signature: Date: Zoning Approval					Date:		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Spec	Special Zone or Reviews Zoning Appeal			Historic Preservation				
			Shoreland			☐ Variance			☐ Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland ☐ Mis		Miscella	ellaneous		Does Not Require Revie			
3.	•		☐ Flood Zon		Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved		
			Site Plan			Approved			Approved w/Condition		
			Maj 🔲 Mino 🔲 MM 🔲] Denied			☐ Denied		
			Date:			Date:		Б	Date:		
I ha juri: shal	ereby certify that I am the o tive been authorized by the o sdiction. In addition, if a po Il have the authority to ente uch permit.	owner to make this appliermit for work described	med proication a	as his authorized application is is	ne prop d agen sued, I	t and I agree t certify that th	o conform to ne code office	o all ap	pplicable laws athorized repre	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRES	S		DATE]	P	НО	

Location of Construction: 98 GILMAN ST	Owner Name: SHALOM HOUSE INC	Owner Address: PO BOX 560	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Foundation Only/Cor	Zone
Dept: Building Stat	tus: Approved with Conditio	ns Reviewer: Mike Nugent	Approval Date: 01/25/200
Note:	11	and the second of the second o	Ok to Issue:
•			<u> </u>
Note:			<u> </u>

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO