Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-0618			065 E02	0001
Location of Construction: Owner Name:						Owner Address:			Phone:		
89 (	Gilman St		Chen Hsueh-chen			89 Gilman St					
			Contractor Name:			Cont	Contractor Address:			Phone	
Lessee/Buyer's Name Phone:			Phone:		Permit Type: Change of Use - Dwellings				Zone:		
	t Use:		Proposed Use:			Pern	nit Fee:	Cost of Wo		CEO District:	
Single Family dwelling Change of Use				se to 2 family dwelling		\$30.00		<u> </u>	50.00	) 2 PECTION:	
						Approved			se Group: Type		
Pro	posed Project Description:										
_	ange of Use to 2 family dw	elling				Signature: Signa			Signatu	ature.	
	g	8				PEDESTRIAN ACTIVITIES DISTRIC					
						Action: Approved Approved w/Condition Denied				Denied	
						Signature:				Date:	
			pplied For: /2004	Zoning Approval				l			
1			nreclude the	Spec	Special Zone or Review		vs Zoning Appeal			Historic Preservation	
1.	<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State Federal Rules.</li> </ol>			Shoreland			☐ Variance			Not in District or Landm	
2.				☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
3. 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			☐ Flood Zon			Conditional Us			Requires Review		
				Subdivision			☐ Interpretatio			Approved	
				Site Plan			Approved			Approved w/Condition	
				Maj Minor MM		☐ Denied			☐ Denied		
				Date:			Date:		D	Date:	
I ha juris shal	reby certify that I am the ove been authorized by the soliction. In addition, if a pull have the authority to enduch permit.	owner to	o make this appli r work described	med procession and the angle of the second s	as his authorized application is is	ne pro d agen sued, l	at and I agree of the control of the	to conform he code offi	to all ap cial's au	oplicable laws of thorized repres	of this sentative
SIG	NATURE OF APPLICAN				ADDRES	S		DATI	Ξ	P	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

<b>Location of Construction:</b>	Owner Name:	Owner Address:	Phone:
89 Gilman St	Chen Hsueh-chen	89 Gilman St	
Business Name:	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone

Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 06/09/2004

Note: 06/9/04 - The R-6 zone requires that a multifamily dwelling shall not result in the any existing dwelling unit bing reduced in size to less than 1,000 sq. ft. (section 14-136) This is a two unit building which does not require min. sizes to apts. The ordinance recognizes one & two units as different from multi-units. 

Ok to Issue: ✓

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a two (2) family dwelling with the issuance of this permit. Any change of use beyond this shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Tammy Munson
 Approval Date:
 07/14/2004

 Note:
 Ok to Issue:
 ✓

- 1) As discussed, hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, on every level, and in a common area.
- 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 3) As discussed during the review process, all windows located within 36" horizontally and 60" vertically of the standing surface of a tub/shower/whirlpool must be tempered glass.
- 4) Separate permits are required for any electrical, plumbing, or heating.

## 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	РНО	