

Form # P 04

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

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

## PERMIT

Permit Number: 020651

This is to certify that Tundra Associates/Applicant

has permission to Replace existing storefront, addition of emergency, automatic door.

AT 15 Lowell St 067 J00101A

provided that the person or persons, firm or corporation accepting this permit shall comply with the provisions of the Statutes of Maine 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 with this department.

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

Notification of inspection must be given and work on permit must be completed before this building or part thereof is opened or closed-in. **FOUR 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. [Signature]

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

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

Other \_\_\_\_\_

Department Name

[Signature]  
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: 02-0651	Issue Date: JUN 28 2002	CBL: 067 J00101A
-----------------------	----------------------------	---------------------

<b>Location of Construction:</b> 15 Lowell St	<b>Owner Name:</b> Tundra Associates	<b>Owner Address:</b> 15 Lowell St CITY OF PORTLAND	<b>Phone:</b> 774-8277
<b>Business Name:</b>	<b>Contractor Name:</b> Applicant	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b> B-2

<b>Past Use:</b> Maine Eye Center/Dr's Office	<b>Proposed Use:</b> Maine Eye Center/Dr's Office	<b>Permit Fee:</b>	<b>Cost of Work:</b>	<b>CEO District:</b>	
<b>Proposed Project Description:</b> Replace existing storefront, addition of enlarged, 48" automatic door.		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: B Type: N/A 6/27/02 Signature: [Signature]		

<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 06/13/2002	<b>Zoning Approval</b>		
-------------------------------	--	------------------------	--	--

1.  2.  3.	<b>Special Zone or Reviews</b> <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: 6/20/02	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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:
------------------------	---	---	--

**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

03/3/02 work has been completed & appears  
to meet conditions of the permit.

John M

Close out

CBL # 67-5-1

permit # 02-0651