Cit	y of Portland, Maine -	- Building or Use Pe	ermit A	Application		Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 04101	Tel: (207) 874-8703,	Fax: (2	207) 874-8716		04-0479			070 A00	5001
Location of Construction: Owner Name:			1		Ow	Owner Address:			Phone:	
54 St John St St John Stree			Associates		Po Box 4821					
Bus	iness Name:	Contractor Nam	Contractor Name:			Contractor Address:			Phone	
		Jeff Shorey				ortland				
Less	see/Buyer's Name	Phone:	<u> </u>			mit Type:		Zone:		
					Commercial					
Past	t Use:	Proposed Use:		•	Permit Fee: Cost of Work:			rk:	CEO District:	Ī
			ls w/46' x 12' trailer for		\$39.00		\$2,000.00			
			office space between waste treatment building and cooler bldg.		TIDE DEPT		Approved	TATABLE CONTON		
		treatment build					Approved	Use Group:		Type
					L		Denied			
Proj	posed Project Description:									
Ins	tall 46' x 12' trailer for offic	ce space between waste to	reatmer	nt building and	Signature: Sig		Signatui	Signature:		
coc	oler bldg.				PEDESTRIAN ACTIVITIES DISTRIC			TRICT (P	T (P.A.D.)	
								roved w/	d w/Condition	
								noved w	Condition _	
		Date Applied For:								
kw	vd									
1.	This permit application d	oes not preclude the	Spec	ial Zone or Revi	ews				Historic Preservation	
	Applicant(s) from meeting								☐ Not in District or Landm	
	Federal Rules.									
2.	Building permits do not in	nclude plumbing, septic							Does Not Require Revie	
	or electrical work.	8, F	_							
3.	Building permits are void	if work is not started								
	within six (6) months of the									
	False information may inv	validate a building								
	permit and stop all work									
									☐ Approved w/Condition	
			Мај 🗌 👚 ММ							
						•		•		
				CERTIFICATIO	ΟN					
I he	reby certify that I am the o	wner of record of the na	med pr	operty, or that th	ne p	roposed work is	authorized	by the c	owner of recor	d and that
	ve been authorized by the o									
	sdiction. In addition, if a pe									
	Il have the authority to ente	er all areas covered by su	ich per	mit at any reaso	nab	le hour to enfor	ce the prov	ision of	the code(s) ap	plicable
to si	uch permit.									
SIG	SNATURE OF APPLICAN			ADDRES	S		DATE		PI	HO

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

ocation of Construction:		Owner Name:		Owner Address:		Phone:	
54 St John St		St John Street Associates		Po Box 4821			
usiness Name:		Contractor Name:		Contractor Address:		Phone	
		Jeff Shorey	Jeff Shorey		Portland		
essee/Buyer's Name		Phone:		Permit Type:		Zone:	
				Commercial			
<b>Dept:</b> Zoning	Status:	Approved	Reviewer	: Marge Schmuckal	Approval Da	te: 05/14/2004	
Note:		11			••	Ok to Issue:	
Dante Davidia	C4 = 4 = -	Dan Hara	D	M:1 N	AI Da	4	
<b>Dept:</b> Building	Status:	Pending	Reviewer	: Mike Nugent	Approval Da		
Note:						Ok to Issue:	
Dept: Fire	Status:	Approved with Condition	ns <b>Reviewer</b>	: Lt. MacDougal	Approval Da	te: 05/17/2004	
P							
Note:						Ok to Issue:	
-	t building s	hall be protected				Ok to Issue:	
Note: 1) windows on the right  Comments: 04/27/2004-kwd: 4/27/20	004: spoke v	v/Jeff Shorey, timeframe				eet code; need	
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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.

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