City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				I	Permit No: 09-0700	Issue Dat	e:	CBL: 344 E030	5001
Location of Construction: 336 ALLEN AVE	Owner Name: LOCKARD RO	Owner Name: LOCKARD ROBERT A			Owner Address: 69 HANCOCK RD			Phone: 207-202-7697	
Business Name:	Contractor Nan P M Construct				ontractor Address: 9 Industrial Park Rd Saco			Phone 2072827697	
Lessee/Buyer's Name	Phone:				Permit Type: Construction Trailer				Zone:
5		rmacy - Temporary			Cost of Wo	\$0.00	CEO District: 5 CTION: roup:	Туре	
Proposed Project Description: Temporary Construction Trailer Walgreens Pharmacy			Signature: PEDESTRIAN ACTIVITIES DIST Action Approved App Signature:		RICT (1	× ,			
Permit Taken By: Imd	Date Applied For: 07/07/2009	Zoning Approval							
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation	
2. Building permits do not include plumbing, septic or electrical work.		U Wetland		Miscellaneous			Does Not Require Revie		
 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 Subdivision			Conditional Us			 Requires Review Approved 	
		Site Plan		Approved			Approved w/Condition		
		Maj [Mino 🗌 MM		Denied			Denied	
		Date:			Date:		D	ate:	

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

ation of Construction: Owner Name:		Owner Address:	Phone:			
336 ALLEN AVE	LOCKARD ROBERT A	69 HANCOCK RD	207-202-7697			
Business Name:	Contractor Name:	Contractor Address:	Phone			
	P M Construction Co.	19 Industrial Park Rd Saco	2072827697			
Lessee/Buyer's Name	Phone:	Permit Type: Construction Trailer	Zone:			
Note: 1) All previous conditions on the der	nolition of buildings and redevelo		oproval Date: 07/07/2009 Ok to Issue: ☑ approval before starting that			
Dept: Building Status: A Note:	pproved with Conditions Rev	ewer: Chris Hanson Aj	pproval Date: 07/20/2009 Ok to Issue: 🗹			
1) Temporary trailer permit, NO CON	STRUCTION, seperate permits re-	quired.				
2) Separate Permits shall be required	for any new signage.					
 Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. 						
Dept: Fire Status: A	pproved Rev	ewer: Capt Keith Gautreau Aj	pproval Date: 07/08/2009			
Note:			Ok to Issue:			
Comments:						
7/7/2009-lmd: Will e-mail PDF for arch	iving					

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