

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that DELIVERANCE CENTER

Located At 1006 CONGRESS ST

Job ID: 2011-07-1792-ALTCOMM

CBL: 076- A-022-001

has permission to Make life safety updates for existing building, including fire doors, rated walls, minor porch repair provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

 4/6/12

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2011-07-1792-ALTCOMM	Date Applied: 7/27/2011	CBL: 076 - A - 022 - 001 -	
Location of Construction: 1006 CONGRESS ST	Owner Name: DELIVERANCE CENTER	Owner Address: 1008 CONGRESS ST PORTLAND, ME - MAINE 04102	Phone:
Business Name:	Contractor Name: Stephen Reynolds Sr.	Contractor Address: 1008 Congress ST, Portland, ME 04102	Phone: 774-8192
Lessee/Buyer's Name:	Phone:	Permit Type: Bldg Alterations	Zone: I-L
Past Use: Place of Worship	Proposed Use: Same: Place of Worship - to make repairs to fire doors and fire rated walls <i>Life Safety Code updates for existing building</i>	Cost of Work: \$11,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: <i>A-3</i> Type: <i>IBC 2009</i>
Proposed Project Description:		Signature: <i>B. Jaworski (58)</i>	Signature: <i>JMB</i> <i>4/6/12</i>
Permit Taken By: Lannie		Pedestrian Activities District (P.A.D.)	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>7/29/11</i>	Zoning Appeal <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:	Historic Preservation <input checked="" type="checkbox"/> Not in Dist 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 _____ PHON _____