

3/31/2017



Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 64 CRESCENT AVE, GREAT DIAMOND IS. PORTLAND MAINE

Tax Assessor's CBL: 088A 2014 001 Cost of Work: \$ _____
Chart # Block # Lot #

Proposed use (e.g., single-family, retail, restaurant, etc.): DEMOLITION

Current use: VACANT Past use, if currently vacant: VAC. HOME

- Commercial
- Multi-Family Residential
- One/Few Family Residential

Type of work (check all that apply):

<input type="checkbox"/> New Structure	<input type="checkbox"/> Fence	<input type="checkbox"/> Change of Ownership - Condo Conversion
<input type="checkbox"/> Addition	<input type="checkbox"/> Pool - Above Ground	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool - In Ground	<input type="checkbox"/> Change of Use - Home Occupation
<input type="checkbox"/> Amendment	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Radio/Telecommunications Equipment
<input type="checkbox"/> Shed	<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Radio/Telecommunications Tower
<input checked="" type="checkbox"/> Demolition - Structure	<input type="checkbox"/> Commercial Hood System	<input type="checkbox"/> Tent/Stage
<input type="checkbox"/> Demolition - Interior	<input type="checkbox"/> Tank Installation/	<input type="checkbox"/> Wind Tower
<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Replacement Tank Removal	<input type="checkbox"/> Solar Energy Installation
<input type="checkbox"/> Garage - Detached		<input type="checkbox"/> Site Alteration

Project description/scope of work (attach additional pages if needed):

DEMOLITION OF HOME

Applicant Name: DANIEL MULVEY P.O.A. Phone: (609) 267-7075

Address: 73 FENIMORE RD LUMBERTON NJ Email: CMDOMULVEY@GMAIL.COM

Lessee/Owner Name (if different): JEAN BROOK Phone: (609) 267-7075

Address: 73 FENIMORE RD LUMBERTON NJ Email: CMDOMULVEY@GMAIL.COM

Contractor Name (if different): SMITH AND SON EXV. Phone: (207) 776-3627

Address: PO BOX 7273 SCARBOROUGH MAINE 04070 Email: _____

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: Daniel Mulvey Date: 12-1-17
This is a legal document and your electronic signature is considered a legal signature per Maine state law.

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.

389 Congress Street/Portland, Maine 04101/ <http://portlandmaine.gov> /tel: (207) 874-8703/fax: (207) 874-8716