| City of Portland, Maine - 389 Congress Street, 04101 | 0 | | • | rmit No: 08-1526 | Issue Date | e: | CBL: 054 C00 | 5001 |
|--|--|-----------------------|----------------------------------|---|-------------|---|---|-----------|
| Location of Construction: 32 ELLSWORTH ST | Owner Name: BEH REDEVE | LOPMENT LLC | Owner Address: 17 CHESTNUT ST | | | Phone: 207-772-6005 | | |
| Business Name: | Contractor Nan Portland Build | | | Contractor Address: P.O. Box 4902 Portland | | | Phone 2078790118 | |
| Lessee/Buyer's Name | Phone: | | | it Type: endment to Co | ommercial | | | Zone: |
| Past Use: Two Family Residential | · · · · · · · · · · · · · · · · · · · | | 3- FIRE | Permit Fee: Cost of Wo \$30.00 \$30.00 FIRE DEPT: Approved Denied | | rk: CE \$0.00 INSPECTI Use Group | | Туре |
| Proposed Project Description: Amendment to #08-1396, New Building | d Floor at rear of | PEDE Actio | PEDESTRIAN ACTIVITIES DISTRI | | proved w/Co | 5 | | |
| Permit Taken By: Imd | Date Applied For: 12/08/2008 | Zoning Approval | | | | | | |
| This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. | | Special Zone or R | | | 0 | | Historic Preservation] Not in District or Landma | |
| 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 | | Approve | ed | | Approved w/ | Condition |
| | | Maj Mino N Date: | 1M 🗌 | Denied | | Date: | Denied | |

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 |

| Location of Construction: | Owner Name: | Owner Address: | Phone: | |
|---|--|---|---------------------|--|
| 32 ELLSWORTH ST | BEH REDEVELOPMENT LLC | 17 CHESTNUT ST | 207-772-6005 | |
| Business Name: | Contractor Name: | Contractor Address: | Phone | |
| | Portland Builders, Inc. | P.O. Box 4902 Portland 2078790118 | | |
| Lessee/Buyer's Name | Phone: | Permit Type: | Zone: | |
| | | Amendment to Commercial | | |
| Dept: Zoning Status: A | pproved with Conditions Reviewer | : Ann Machado Approval Dat | te: 12/08/2008 | |
| | approved with Conditions Reviewer | •• | | |
| Note: | | | Ok to Issue: | |
| three family dwelling. With the is | | 2 is pending to legalize an illegal unit to c ificate of occupancy this property shall ren ation for review and approval. | U | |
| 2) This permit is being approved on work. | the basis of plans submitted. Any dev | iations shall require a separate approval b | efore starting that | |
| Dept: Building Status: P | ending Reviewer | : Approval Dat | te: | |
| Note: | | | Ok to Issue: | |
| | | | | |
| | | | | |
| Dept: Fire Status: A | pproved with Conditions Reviewer | : Capt Greg Cass Approval Dat | te: 12/09/2008 | |
| Note: | | | Ok to Issue: 🗹 | |
| 1) The Fire alarm and Sprinkler syste Compliance letters are required. | ems shall be reviewed by a licensed con | tractor[s] for code compliance. | | |
| | vith NFPA 101 "Existing Apartments" to the issuance of a Certificate of Occu | pancy. | | |
| 3) Installation of a Fire Alarm system | requires a Knox Box to be installed pe | r city crdinance | | |
| 4) All construction shall comply with | | | | |

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| SIGNATURE OF APPLICAN | ADDRESS | DATE | РНО |
|---|---------|------|-----|
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | | DATE | РНО |