

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

|                              |                    |                            |
|------------------------------|--------------------|----------------------------|
| <b>Permit No:</b><br>06-0104 | <b>Issue Date:</b> | <b>CBL:</b><br>087 B003001 |
|------------------------------|--------------------|----------------------------|

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>Location of Construction:</b><br>85 Pleasant Ave Pi | <b>Owner Name:</b><br>Roberts & Roberts Llc  | <b>Owner Address:</b><br>379 Island Ave        | <b>Phone:</b><br>766-5819 |
| <b>Business Name:</b>                                  | <b>Contractor Name:</b><br>Roberts & Roberts | <b>Contractor Address:</b><br>Portland         | <b>Phone</b>              |
| <b>Lessee/Buyer's Name</b>                             | <b>Phone:</b>                                | <b>Permit Type:</b><br>Alterations - Dwellings | <b>Zone:</b>              |

|                                   |  |   |                                       |                           |
|-----------------------------------|--|---|---------------------------------------|---------------------------|
| <b>Past Use:</b><br>Single Family | <b>Proposed Use:</b><br>Single Family w/interior alterations to 1st fl kitchen & bath, add 2 baths on 2nd fl | <b>Permit Fee:</b><br>\$291.00  | <b>Cost of Work:</b><br>\$30,000.00   | <b>CEO District:</b><br>2 |
|                                   |  | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>Use Group: Type |                           |

|   |            |            |
|---|------------|------------|
| <b>Proposed Project Description:</b><br>Interior alterations to kitchen & 1st fl bath, add 2 baths on 2nd fl            | Signature: | Signature: |
| <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>  |            |            |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied |            |            |
| Signature:  | Date:      |            |

|                                |  |                        |  |  |
|--------------------------------|--|------------------------|--|--|
| <b>Permit Taken By:</b><br>jmb | <b>Date Applied For:</b><br>01/24/2006 | <b>Zoning Approval</b> |  |  |
|--------------------------------|--|------------------------|--|--|

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|--|--|---|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>3. 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.. | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><br><input type="checkbox"/> Wetland<br><br><input type="checkbox"/> Flood Zon<br><br><input type="checkbox"/> Subdivision<br><br><input type="checkbox"/> Site Plan<br><br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br><br>Date: | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><br><input type="checkbox"/> Miscellaneous<br><br><input type="checkbox"/> Conditional Us<br><br><input type="checkbox"/> Interpretatio<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Denied<br><br>Date: | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landma<br><br><input type="checkbox"/> Does Not Require Revie<br><br><input type="checkbox"/> Requires Review<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Approved w/Condition<br><br><input type="checkbox"/> Denied<br><br>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 APPLICAN                     | ADDRESS | DATE | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT |         | DATE | PHO |

|  |  |  |                           |
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|  |   |                                 |                                  |
|--|---|---------------------------------|----------------------------------|
| <b>Dept:</b> Zoning  | <b>Status:</b> Approved with Conditions                 | <b>Reviewer:</b> Jeanine Bourke | <b>Approval Date:</b> 01/24/2006 |
| <b>Note:</b>   | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |                                 |                                  |
| 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.   |   |                                 |                                  |
| <b>Dept:</b> Building  | <b>Status:</b> Approved with Conditions                 | <b>Reviewer:</b> Jeanine Bourke | <b>Approval Date:</b> 01/24/2006 |
| <b>Note:</b>   | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |                                 |                                  |
| 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans. |   |                                 |                                  |
| 2) Must maintain 6'-8" headroom in bathrooms at fixtures per R305 code   |   |                                 |                                  |

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO