DISPLAY THIS CARD ON PRINCIPAL FRONTAGE

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMI

PERMIT ISSUED

Permit Number: 000074- 3 2003

CITY OF PORTLAND

epting this permit shall comply with all

ctures, and of the application on file in

ances of the City of Portland regulating

This is to certify that_

SCHNEIDER CRAIG /n/a

has permission to _

1/2 bathroom instead of full

room

rm or

ine and of the

of buildings and s

AT 106 WILLIAM ST

. 117 C005001

tion a

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication if inspering must be an and with an permit on procult re this inding or the three dispersions of the control of the c

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. ____ Health Dept. __

Appeal Board_

Other

Department Name

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

					PERMIT	-04-60	7
City of Portland, Maine	_		1	mit No:	Issue Date:	CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-87 1	6	06-0 0 74			005001
Location of Construction: Owner Name:				Addres:	FEB - 3	200 Phone:	1
106WILLIAM ST		SCHNEIDER CRAIG		WILLIAM ST			
Business Name:	1	ontractor Name:		Contractor Address: CITY OF PORTLAND			
n/a			n/a P	ortland	01 101	MLAMU	17
Lessee/Buyer's Name	Phone:	Phone:		t Type: endment to Si	ngle Family		Zone:
		<u>-</u>				Jone Division	1
Past Use: Proposed Use:		4: -1 A 4 4 #	Permi	it Fee: \$30.00	Cost of Work:	CEO District:	1
2 unit Residential		2 unit Residential Amend permit # 06-0018 I/2 bathroom instead of a full bathroom			\$1,000.00		
	I			FIRE DEPT: Approved INSPECTION: Use Group: 1-2 Type			Type & B
					penied	Group: R-3 Type & B TRC 2003	
				V//	V -	TRC 20	x03
Proposed Project Description:			١,		`	-1 1	·
1/2 bathroom instead of full bathroom			Signature		nature.		
			PEDE	STRIANACTIV	VITIES DISTRICT	Γ (P.A.D.)	<u></u>
			Action	n: Approve	ed Approved	w/Conditions	Delied
			Signa	ture:		Date:	
Permit Taken By:	Date Applied For:			Zoning	Approval		
dmartin	01/18/2006	8/2006		Zomigrippiovai			
	•	Special Zone or Reviews Shoreland		Zoning Appeal		Historic Preservation	
				☐ Variance		Tot in District or Landmark	
		Wetland		Miscellar	neous	Does Not R	dequire Review
		Flood Zone		Condition	nal Use	Requires Re	eview
		ubdivision		Interpreta	ation	Approved	
		Site Plan		Approved	i	Approved w	v/Conditions
		Maj Minor MM		Denied		Denied	/
		Date: UNDU		Date:		Date: 2/2	106
I hereby certify that I am the o	wner of record of the na	CERTIFICATION OF that the		oosed work is	authorized by th	he owner of reco	ord and that
I have been such as a 1 to 11		inica property, or that the	ic prop	1 T	C 11	1. 1.1.1.1.	. C.1.

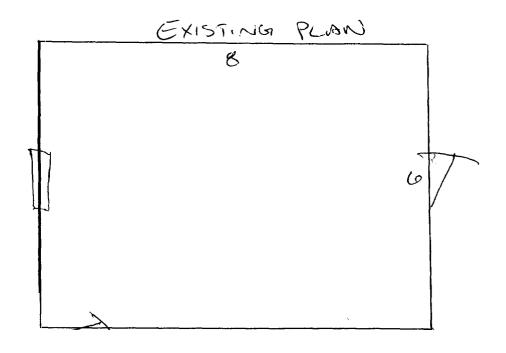
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

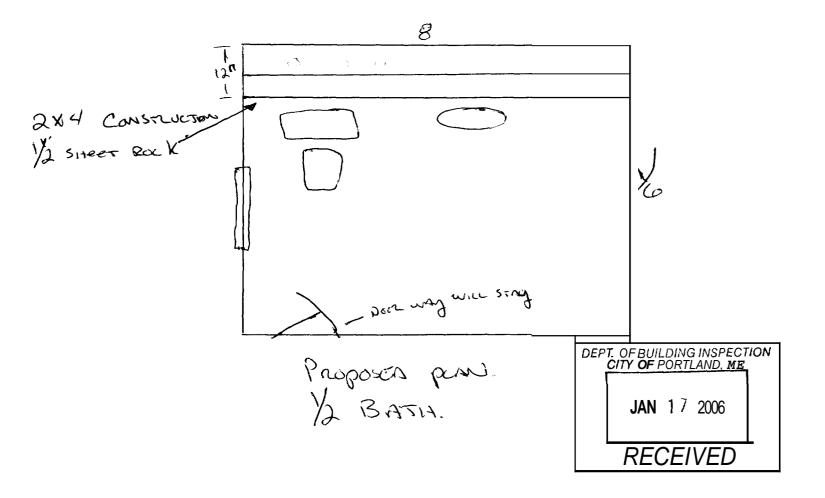
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE

General Building Permit Application

If you are the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

	Sa	uare Footage of Lot	
Total Square Footage of Proposed Structure	, Sq	uare rootage or Lot	
48 s f			
Tax Assessor's Chart, Block & Lot	Owner:	ot 0.50	Telephone:
Chart# Block# Lot#	Chara Sc	anerse	318-6078
117 C 005001	A1:4	- 1 1	Cost Of
Lessee/Buyer's Name (If Applicable)		address & telephone:	Cost Of Work:\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		CANEDER	·
	PO 30 X	8316 ME 04104	Fee: \$ 30
	PORTLANCE	ME 04104	C of O Fee: \$
Project description: Amend Purm	H# 0600	18	
Phumber Decided " Need to Frank A	10 1/2 BAT	a was true	BEST CAJOUT.
Need To Ename A	wan at	1 - 1 1 2 1 1 1 1	ude ones
1000	JOACE, B	F. 5.	rioc pripes.
Contractor's name, address & telephone:			
Who should we contact when the permit is	ready: (VOA \ A	ROWNDE NEA	
Who should we contact when the permit is a Mailing address:	Phone: 3\8-	6078	
6			
			Checklist.
Please submit all of the information o Failure to do so will result in the auto			Checklist.
Failure to do so will result in the auto In order to be sure the City fully understands the	matic denial of yo full scope of the projec	ur permit. ct, the Planning and Develo	pment Department may
Failure to do so will result in the auton order to be sure the City fully understands the equest additional information prior to the issuant	matic denial of yo full scope of the projective of a permit. For furt	ur permit. ct, the Planning and Develo	pment Department may line at
Failure to do so will result in the auto	matic denial of yo full scope of the projective of a permit. For furt	ur permit. ct, the Planning and Develo	pment Department may line at
Failure to do so will result in the auton order to be sure the City fully understands the equest additional information prior to the issuary www.portlandmaine.gov, stop by the Building In	matic denial of yo full scope of the projection of a permit. For furt spections office, room	ur permit. et, the Planning and Develouser information visit us on- 315 City Hall or call 874-87	pment Department may line at 03.
Failure to do so will result in the auton order to be sure the City fully understands the equest additional information prior to the issuarywww.portlandmaine.gov, stop by the Building In hereby certify that I am the Owner of record of the results.	full scope of the projections office, room and amed property, or that the	ur permit. et, the Planning and Develor ther information visit us on- 315 City Hall or call 874-87 e owner of record authorizes t	pment Department may line at 03. ~ ~
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City of Portland, Mair	ne - Building or Use Permit		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 0410	01 Tel: (207) 874-8703, Fax: (207)	7) 874-8716	06-0074	01/18/2006	117 C005001	
Location of Construction:	Owner Name:	0	wner Address:	Phone:		
106 WILLIAM ST	SCHNEIDER CRAIG	SCHNEIDER CRAIG		106 WILLIAM ST		
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:		
	n/a	n/a		n/a Portland		
Lessee/Buyer's Name	Phone:	P	ermit Type:			
Proposed Use:		Proposed	Project Description	:		
2 unit Residential Amend p a full bathroom	ermit # 06-0018 112 bathroom instead	l of 1/2 bat	hroom instead of f	full bathroom	_	
Note:					Okto Issue: 🗹	
Dept: Building Note: 1) All previous conditions	Status: Approved with Conditions	Reviewer:	Tammy Munson	Approval 1	Date: 02/02/2006 Ok to Issue: ✓	