City of Portland, Mai	ne - Building or Use	Permit A	pplication	Per	mit No:	Issue Date	:	CBL:	
389 Congress Street, 041	0				08-1119	09/09	<u>78</u>	120 A02	20001
Location of Construction:	Owner Name:			Owner	Address:		1	Phone:	
186 CRAIGIE ST COHEN STEVEN G & NANCY K		186 (	CRAIGIE ST	_					
Business Name:	Contractor Name	:		Contra	ctor Address:		-	Phone	
	Jay Traunig			27 St	one Drive Ca	ape Elizabe	th	20765371	23
Lessee/Buyer's Name	Phone:			Permit					Zone:
				Alte	rations - Dwe	ellings	_		
Past Use:	Proposed Use:			Permi	t Fee:	Cost of Wo	·k: Cl	EO District:	]
Single Family Home	Single Family		•		\$30.00	\$1,0	00.00	3	
	through betwe	en kitchen	& Dining	FIRE	DEPT:	Approved	INSPECT	ION:	
	room					Denied	Use Group	Use Group: $(R-)$ Type: 5B TRC - 2007	
Proposed Project Description:	· 1 0 D' '								
cut pass through between k	kitchen & Dining room		L	Signat			Signature:		<u>414108</u> _
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				$\Gamma$	
				Action: Approved Approved w/Conditions			Denied		
				Signat	ure:		D	ate:	
Permit Taken By:	Date Applied For:				Zoning	Approv	al		
ldobson									
1. This permit application	n does not preclude the	Special	Zone or Review	vs	Zonin	g Appeal		Historic Pres	ervation
• • • •	eting applicable State and	Shoreland		Variance			Not in Distric	t or Landmark	
Federal Rules.									
2. Building permits do no	ot include plumbing,	Wetland		Miscellaneous			Does Not Require Review		
septic or electrical wo									
3. Building permits are v	oid if work is not started	Flood Zone		Conditional Use			Requires Review		
	of the date of issuance.								
False information may invalidate a building		Subdivision		Interpretation			Approved		
permit and stop all wo	бк		RA	<b>`</b>				_	
		Site Pl	an U <sup>r</sup>		Approve	d		Approved w/	Conditions
DEFIN	TICCUED			_	<u> </u>			1	
PERM	IT ISSUED	Maj   N	Minor MM	]	Denied			Denied	
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SEP	0 0000	Date:	900 CL		Date:		Date		
		ļ						11	
			1						
	FORTLAND								

## 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	PHONE	

Form #P 04	DISPLAY	THIS	CARD	ON	PRINCIPAL	. FRON	TAGE	OF W	/ORK	
Please Read Application An Notes, If Any Attached	nd	C	YTIS P					<del>t Number:</del> PFRM	<del>081119</del> IT ISSUED	]
This is to certif	iy thatCOHI	en steven	↓G & NA	Y K A1	IGHELES JTS/Jay	.Tr				1
has permission	n tocut pa	iss through b	etween ki	en & Di	, room			SEP	<u> </u>	
at <u></u>	AIGIE ST	- <u> </u>				<b>L</b> 120	A020001			
of the pro	that the pers visions of th ruction, mai rtment.	he Statut	es of N		nd of the full uildings and s	ances o	f the Cli	y of Po		ulating
	ublic Works for if nature of wor nation.		N gi la H	ication and w te this d or o R NO	n permis in p t ding or it th		procur	ed by ow	occupancy r ner before th of is occupie	is build-
OTHE	R REQUIRED APP	ROVALS								
Fire Dept										
Health Dept.							: 1	4 1		
Appeal Board _						0		DI		
Other	Department Name					7/	9/00		$\lambda / \beta_{-}$	
	Department Name						1		Dection Services	
			PENALI	Y FO	R REMOVING	I HIS CAR	<b>D</b>			

City of Portland, Maine - Bu 389 Congress Street, 04101 Tel:	0	Permit No: 08-1119	Date Applied For: 09/05/2008	CBL: 120 A020001		
Location of Construction: 186 CRAIGIE ST	Owner Name: COHEN STEVEN G		Owner Address: 186 CRAIGIE ST	<u> </u>	Phone:	
Business Name:	Contractor Name: Jay Traunig		Contractor Address: 27 Stone Drive Ca	pe Elizabeth	Phone (207) 653-7123	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Dwe	llings		
Proposed Use:       Proposed Project Description:         Single Family Home - cut pass through between kitchen & Dining room       cut pass through between kitchen & Dining room						
Dept: Zoning Status: Note:	Approved	Reviewer	: Chris Hanson	Approval D	bate: 09/09/2008 Ok to Issue: ⊻	
Dept:BuildingStatus:Note:1)Separate permits are required for Separate plans may need to be s		g, or HVAC syst		Approval D	eate: 09/09/2008 Ok to Issue: ⊻	
<ol> <li>Application approval based upo and approrval prior to work.</li> </ol>	n information provided b	y applicant. Any	deviation from app	roved plans requires	s separate review	



## **General Building Permit Application**

If you or 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.

Location/Address of Construction: 186 Crange Street Purport							
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot						
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	r* Telephone:					
Chart# Block# Lot#	Name Mancy ansheles	207-					
120 A 20	Address 186 Craug. e Steet	774-3634					
	City, State & Zip Purticon, ME						
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	$\begin{array}{c} \text{Cost Of} \\ \text{Work: } \end{array}$					
	Name	Work: \$					
	Address Same-	C of O Fee: \$					
	City, State & Zip	Total Fee: \$					
Current legal use (i.e. single family)	ingle family						
If vacant, what was the previous use?	<u></u>						
Proposed Specific use:							
Is property part of a subdivision?	If yes, please name	and during Room					
Project description: Cut pupp this Wall 2.4 V 30 inches - between	Jugh between kitcher	Crecci in anot					
Quall 2,4 v 30 inches - between	een two wall stads one he	acted OFF Support					
WH17/2×6							
Contractor's name: Jay Trave	<u>116</u>						
Address: 27 Stone Dr	ive						
City, State & Zip Cope Eliza	zeth MECYION T	elephone: <u>653-7/23</u>					
Who should we contact when the permit is read		elephone: <u>774-3634</u>					
Mailing address: <u>SGNR CLOADU</u>							

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmaine.gov</u>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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.

$\Lambda$					
Signature: CATY and les	Date:	Q 14. 7	28,200	<u>08</u>	
This is not a permit; you may no	t commence Al	NY work until th	he permit is	issue	
		1	SEP	5 2003	
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