City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871					Pe	rmit No: 09-1265	Issue Date:		CBL: 125 N014001	
Location of Construction:Owner Name:35 ARLINGTON STGRP LOAN LI		C		Owner Address: 445 HAMILTON AVE 8TH FLOOR			Phone:			
Business Name: Contractor N		Contractor Nan	me:		Contractor Address:			Phone		
Lessee/Buyer's Name Phone:				Permit Type: Change of Use - Dwellings				Zone:		
Past Use: 2 unit residential		from a 2 family	Proposed Use: Single Family Home - Change of use from a 2 family home to a single family home			nit Fee: \$105.00 DEPT:	Cost of Wo \$10	rk: C 05.00 INSPEC	EO District: 3	
		family nome			Denied Use		Use Gro	e Group: Type		
Proposed Project Description: Change of use from a 2 family home to a single family b			home		Signature: S PEDESTRIAN ACTIVITIES DISTR Action Approved Appro			ICT (P.A.D.)		
					Signature:			Date:		
Permit Taken By:Date Applied For:Ldobson11/06/2009			Zoning Approval							
1.	1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
			Shoreland		Variance			Not in District or Landma		
2.	2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie		
3.	•		Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work			Subdivision					Approved		
			🗌 Si	te Plan		Approve	ed		Approved w/	Condition
			Maj 🗌 Mino 🗌 MM 🗌		Denied			Denied		
			Date:			Date:		Dat	e:	

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: 35 ARLINGTON ST	Owner Name: GRPLOAN LLC		Owner Address: 445 HAMILTON AVE 8TH FLOOR		Phone:		
Business Name:	Contractor Name:		Contractor Address:		Phone		
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use - Dwellin	ngs		Zone:	
Dept: Zoning Status: A Note:	approved with Condition	as Reviewer:	Marge Schmuckal	Approval Dat	e: 11/ Ok to Issue	10/2009 e: ☑	
 Please note that the change of use requested is that of the current owner. Once the legally nonconforming 2nd dwelling unit is removed, all rights to return the building to the previous use are extinguished. Any future change of use from a single family to any other use SHALL meet the requirements of the underlying zone by means of a building permit. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District. 							
3) Separate permits shall be required for future decks, sheds, pools, and/or garages.							
4) This property shall remain a single family dwelling with the issuance of this permit and subsequent issuance of a Certificate of Occupancy. Any change of use shall require a separate permit application for review and approval.							
 This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 							
Dept: Building Status: P Note:	ending	Reviewer:	Residential Plan Revie	Approval Dat	e: Ok to Issue	e: 🗆	

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