Cit	y of Portland, Maine	- Build	ling or Use Po	ermit A	Application		Permit No:	Issue Dat	te:	CBL:	
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1217			131 J004	1001
Location of Construction: Owner No.			Owner Name:	er Name:		Owner Address:				Phone:	
15 Amherst St			Bobinsky Michael J &			15 Amherst St					
Business Name: Co			· · · · · · · · · · · · · · · · · · ·			Coı	ntractor Addres	s:		Phone	
			Uncommon Ki	Uncommon Kitchen & Bath Etc.			14 Ocean St Suite 2 South Portland			207767601	1
Lessee/Buyer's Name Phone:						Permit Type:				Zone:	
						Single Family					
Past	t Use:		Proposed Use:			Permit Fee: Cost of Work:		ork:	CEO District:		
Single Family Home Single Family			Single Family	Home / Renovate dd new bathroom		\$291.00		\$29,8	300.00	4	
			Kitchen and ad			FIRE DEPT:		Approved		CTION:	Type
							_			oup:	
								_			
	posed Project Description:										
Re	novate Kitchen and add n	ew bathr	room			8			Signatu		
						PEDESTRIAN ACTIVITIES DISTRICT			TRICT (	Γ ( <b>P.A.D.</b> )	
						Action: Approved Approved w/Condition Denied				Denied	
						Signature:				Date:	
Don	mit Taken By:	Doto A	pplied For:			Sig			•	Date.	
	· · · · · · · · · · · · · · · · · · ·				Zoning Approval						
1. This permit application does not pre- Applicant(s) from meeting applicable			Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
			rectude the				☐ Variance		Not in District or Landm		
	Federal Rules.			_							
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		☐ Miscell	Miscellaneous		Does Not Require Revie		
3.	0.1			ssuance.			Conditional Us			Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work											
			a building				☐ Interpretatio			Approved	
			Site Plan			Approved			Approved w/Condition		
			Maj ☐ Minor☐ MM☐			☐ Denied			☐ Denied		
				Date:			Date:		D	Date:	
I ha juris shal	reby certify that I am the vector authorized by the soliction. In addition, if a place the authority to enuch permit.	owner to	o make this appli r work described	med procession and the second	as his authorized application is iss	ne pr d ago	ent and I agree I, I certify that t	to conform he code offi	to all ap cial's au	oplicable laws of thorized repres	of this sentative
.0 3	aen permit.										
SIG	GNATURE OF APPLICAN				ADDRES	S		DATI	Ξ	P	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

<b>Location of Construction:</b>	Owner Name:	Owner Address:	Phone:
15 Amherst St	Bobinsky Michael J &	15 Amherst St	
Business Name:	Contractor Name:	Contractor Address:	Phone
	Uncommon Kitchen & Bath Etc.	14 Ocean St Suite 2 South Portland	2077676011
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Single Family	

 Dept:
 Zoning
 Status:
 Approved
 Reviewer:
 Jeanine Bourke
 Approval Date:
 09/09/2004

 Note:
 8/9/04 spoke w/Michael B. To clarify the plans
 Ok to Issue:
 ✓

1) 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: Approved Reviewer: Jeanine Bourke Approval Date: 09/09/2004

Note: Ok to Issue: ✓

- 1) The design load spec sheet for any engineered beam(s) must be submitted to this office.
- 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 3) Separate permits are required for any electrical, plumbing, or heating.

## **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	РНО