

All Purpose 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: 166 PLEASANT AVE PORTL. ME

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Chart# <u>132</u> Block# <u>I</u> Lot# <u>2</u>	Owner: <u>JOE TACKA</u>	Telephone: <u>772-1843</u>
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Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>3500.-</u> Fee: \$ <u>48.00</u>
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Current use: _____

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: _____

Project description: REMOVAL OF WALL 3rd FLOOR UNIT
KITCHEN BUILD HALF WALL / MOVE OPENINGS
REMODEL

Contractor's name, address & telephone: ECKART HORN 46 CLIFFORD STR
PORTL. ME 04102

Who should we contact when the permit is ready: _____

Mailing address: _____

Phone: 874-7971

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

Signature of applicant: <u>[Signature]</u>	Date: <u>16 August 01</u>
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This is not a permit, you may not commence ANY work until the permit is issued

R-5

19504

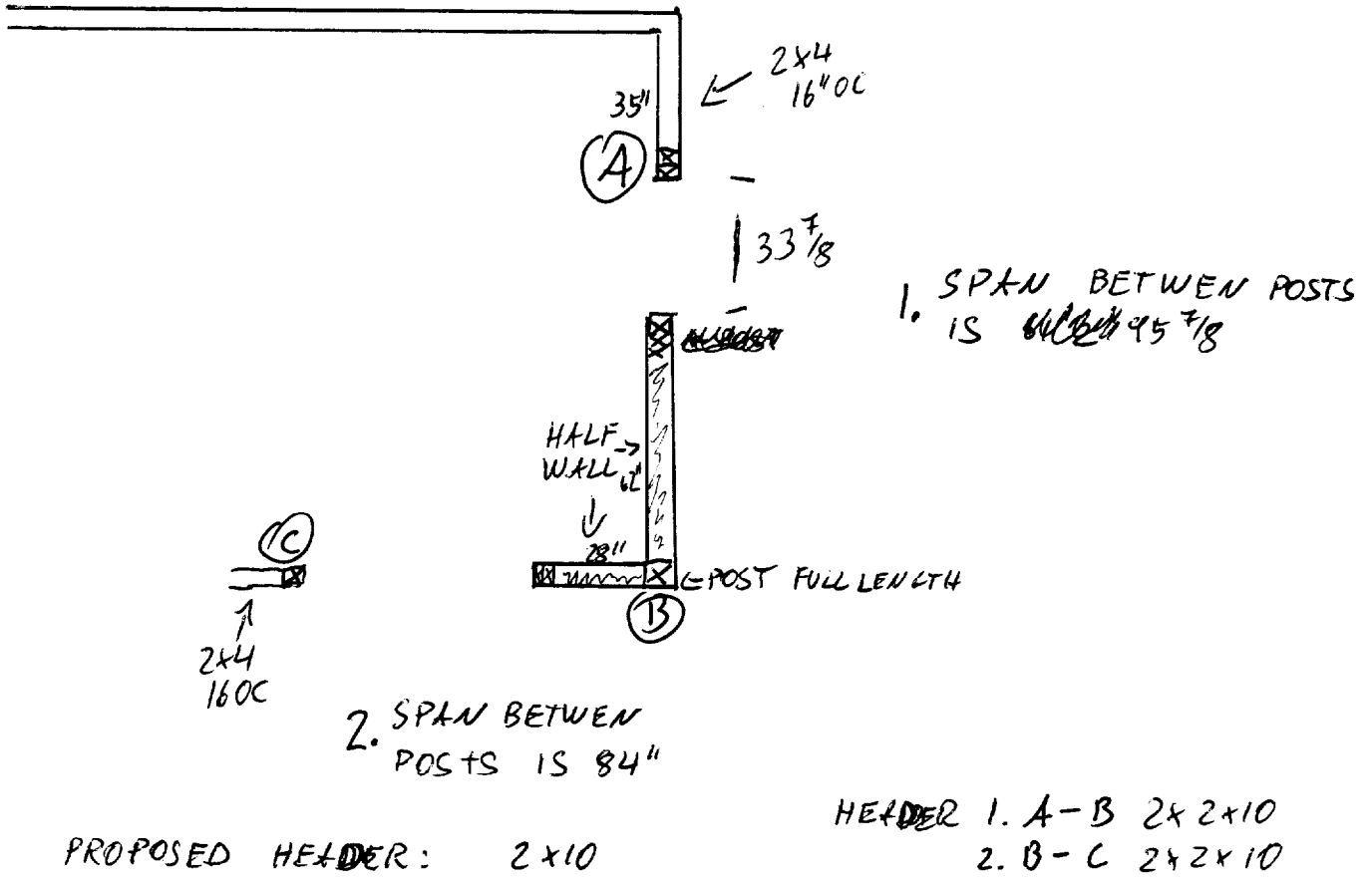
**Eckart Horn
Restoration
46 Clifford Street
Portland ME 04102
207 874 7971
eckartfrg@aol.com**

KITCHEN REMODEL

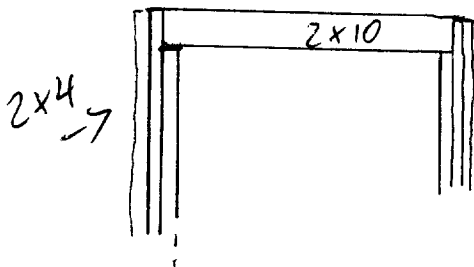
PROPOSED SPACE:

CEILING SAME
WALL 2x4 16" OC.

REMOVAL OF WALL A (SEE EXISTING SPACES)
REBUILD HALF WALL 42" HEIGHT, 9 7/8" CLEARANCE, 10" HEADER



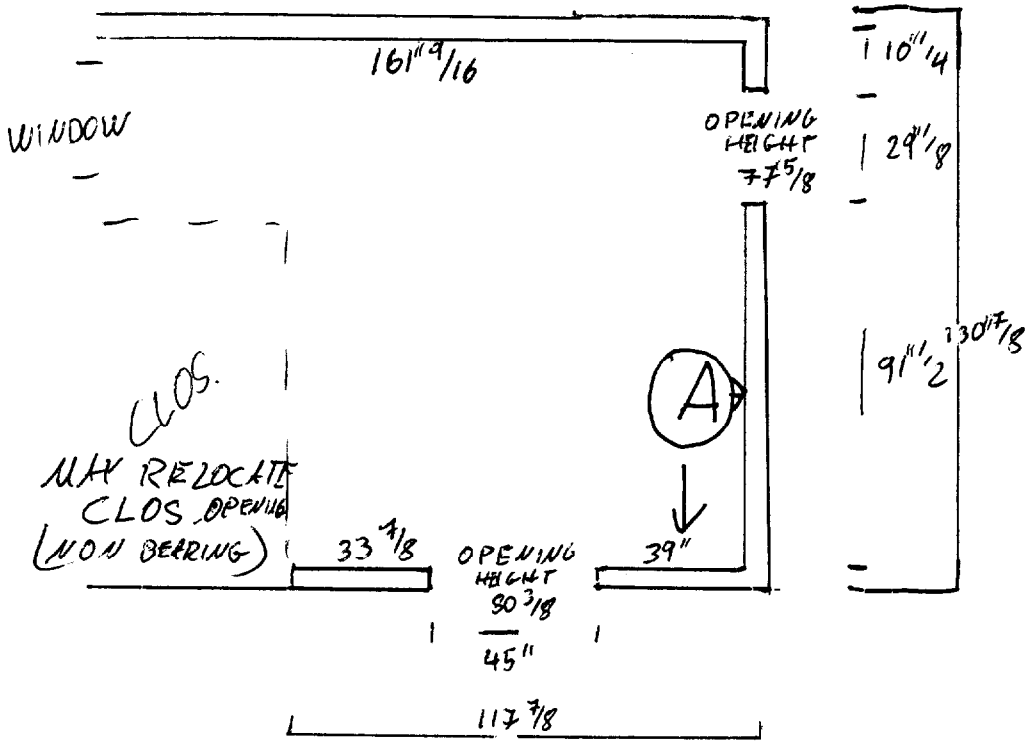
PROPOSED HEADER: 2x10



Eckart Horn
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KITCHEN REMODEL

EXISTING SPACE :
CEILING 8F



DUPLICATE

GENERAL RECEIPT

CITY OF PORTLAND, MAINE

DEPARTMENT Inspections DATE 8/16/01
RECEIVED FROM Edwards Home
ADDRESS 166 Basans Ave

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
	<u>Permit</u>		<u>4800</u>
	<u>Reinspection</u>		
	<u>Check # 1729</u>		
	<u>CBI 132 T 002</u>		
<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK	<input type="checkbox"/> OTHER	TOTAL <u>4800</u>

RECEIVED BY [Signature]