



Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 15 Alba Street

Tax Assessor's CBL: 133 D012 001 Cost of Work: \$ 17,500
Chart # Block # Lot #

Proposed use (e.g., single-family, retail, restaurant, etc.): Repair roof and rebuild porch - storm damage

Current use: Single Family Past use, if currently vacant: _____

- Commercial
- Multi-Family Residential
- One/Two Family Residential

Type of work (check all that apply):

<input checked="" type="checkbox"/> New Structure / <u>Repair</u>	<input type="checkbox"/> Fence	<input type="checkbox"/> Change of Ownership - Condo Conversion
<input type="checkbox"/> Addition	<input type="checkbox"/> Pool - Above Ground	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool - In Ground	<input type="checkbox"/> Change of Use - Home Occupation
<input type="checkbox"/> Amendment	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Radio/Telecommunications Equipment
<input type="checkbox"/> Shed	<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Radio/Telecommunications Tower
<input type="checkbox"/> Demolition - Structure	<input type="checkbox"/> Commercial Hood System	<input type="checkbox"/> Tent/Stage
<input type="checkbox"/> Demolition - Interior	<input type="checkbox"/> Tank Installation/	<input type="checkbox"/> Wind Tower
<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Replacement Tank Removal	<input type="checkbox"/> Solar Energy Installation
<input type="checkbox"/> Garage - Detached		<input type="checkbox"/> Site Alteration

Project description/scope of work (attach additional pages if needed):

The roof and front porch on our house were damaged by a large tree that fell on 10/29/17 during a rain storm/ high wind event. Our contractor will be rebuilding/replacing the roof and rebuilding the front porch in the same exact location, same size, same materials.
 NOT SURE what box to check above?

Applicant Name: Amy Bell Segal Phone: (207) 807 - 8092

Address: 15 Alba Street, Portland, ME 04103 Email: amybellsegal12@gmail.com

Lessee/Owner Name (if different): same Phone: (____) _____ - _____

Address: _____ Email: _____

Contractor Name (if different): Roof Surgeons Phone: (207) 613 - 8612

Address: 86 Bridgton Road, Westbrook, ME 04092 Email: www.roofingportlandme.com

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: Date: 11/3/2017
This is a legal document and your electronic signature is considered a legal signature per Maine state law.

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.