

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:		Owner: <i>Father in Law</i>	Phone: <i>New # 780-0243</i>	Permit No: <b>990631</b>
Owner Address:	Lessee/Buyer's Name: <i>Home Inc</i>	Phone:	Business Name: <i>772 3211</i>	<b>PERMIT ISSUED</b> Permit Issued: <b>JUN 16 1999</b> CITY OF PORTLAND
Contractor Name:	Address:	Phone:		
Past Use:	Proposed Use:	<b>COST OF WORK:</b> \$	<b>PERMIT FEE:</b> \$	<b>Zone:</b> <i>133-D-023</i> <b>CBL:</b>
		<b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group <i>A-2</i> Type <i>512</i> <i>BOCA 96</i>	
		Signature:	Signature: <i>[Signature]</i>	
Proposed Project Description:		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		<b>Zoning Approval:</b>
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		<b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By:	Date Applied For:	Signature:	Date:	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

*Mark Lindvall*  
51 ~~Pres~~enden St.  
Portland ME.

PERMIT ISSUED  
WITH REQUIREMENTS

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: \_\_\_\_\_

CEO DISTRICT

COMMENTS

8-23-99 Tom Mackley + I visited the Building the Building Plan is not Being Followed and the Framing is not to code. I have called and left a message with the Father in law and on owner's machine

8-25-99 I have Pasted Stop orders at the 2nd floor and I have mailed a certified letter and request letter and left a letter on site

8-26-99 Mark Lindall called and will have his contractor <sup>call</sup> meet with me at site. (TR)

8-30-99 Gave OK to Cambell Electric to start wiring the house and he will stay away from the 3<sup>rd</sup> Floor Rear left. (TR)

8-31-99 I have asked Davis systems to submit a plan and request to expand the 3<sup>rd</sup> Floor dormer and floor area are - at least 10.50 A I talked to Bob Kimbell's Partner (TR)

9-7-99 met Bob Kimbell on site we went over what I question on the Framing I asked him to submit a stamped plan from a design professional as to how he can be corrected, I also told him that he will have to Fire block all 3 floors and I will check with mark as to the Rooms that are not destroyed. (TR)

9-17-99 Stop order Returned not claimed (TR)

11/08/07 - Closed, no final requests. SMH

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____