

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

Location of Construction: 880 Forest Ave 04103		Owner: Diocesan Bureau of Housing Deering Parvilion 797-8777		Phone:		Permit No:
Owner Address:		Lessee/Buyer's Name: AT&A Wireless Servies		Phone: 856-7440		
Contractor Name: Atlantic Telcom Services Inc		Address: 40 Blake Rd Standish Me 04084		BusinessName:		Permit Issued:
Past Use: Elderly Housing		Proposed Use: same		COST OF WORK: \$ 35,000		
				PERMIT FEE: \$ 234.00		Zone: <u>R-10</u> CBL: <u>005</u> 136-E-005
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: Run power telephone to equipment shelter run cable between attached sled mounted antenas to 3 corners of roof place equipment shelter on roof.				INSPECTION: Use Group: Type: <u>BOCA 406</u>		Zoning Approval: <u>OK</u> 12/13/99 Special Zone or Reviews: <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"/>
				Signature: <u>[Signature]</u> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		
Permit Taken By: UB		Date Applied For: Dec 10 1999 K		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..

call Justin 781-890-4040

PERMITTED 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: Dec 10 1999 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: _____

PERMITTED WITH REQUIREMENTS

CEO DISTRICT [Signature]



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to **Atlantic Telcom Services Inc.**

LOCATION **880 Forest Ave 136-E-005**

Date of Issue **April 7 2000**

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. **991373**, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire equipment shelter on roof

APPROVED OCCUPANCY

type 2B use group R2 Boca 96

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

4/7/00 *Montland Wing*
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

CERTIFICATION

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Dec 10 1999

SIGNATURE OF APPLICANT

ADDRESS:

DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

WITH REQUIREMENTS

Street 04101, Tel: (207) 874-8703, FAX: 874-8716

Permit No: **991373**

Permit Issued: **DEC 13 1999**

Zone: **R2** CBL: **136-E-005**

Zoning Approval:

Special Zone or Reviews:

- Shoreland
- Wetland
- Flood Zone
- Subdivision
- Site Plan maj minor mm

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

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- Approved
- Approved with Conditions
- Denied

Date: *[Signature]*

PERMITTED WITH REQUIREMENTS
CEO DISTRICT