City of Portland, Mai	ne - Buil	ding or Use	Permi	t Application	ը Դո	rauj no:	DATE DAG	iā.	CBL		
389 Congress Street, 041	.01 Tel . ()	2 <mark>07) 874-87</mark> 03	, Fax:	(207) 874-871	6 L	09-0910			137 C01	11001	
ocation of Construction: Owner Name:					Owner Address:			=-		Phone:	
865 FOREST AVE	S FOREST AVE MARDIGAN			EN E	460 BAXTER BLVD						
Business Name:		Contractor Name:			Contractor Address:			Phone	Phone		
		Albair Construction /Tim			10 Alexander Drive Cape Elizabeth			20783193	2078319318		
Lessee/Buryer's Name		Phone:			Permit Type:				Zone:		
				j	Alterations - Commercial			13-6			
Past Use: Pr		Proposed Use:			Permit Fee: Cost of		Cost of Wor	rks CEO Districts		1	
		Commercial -	Refram	Reframing Section of		\$470.00 \$4		45,000.00 4		1	
		roof on existin	ting building		FIRE DEPT: Approved		INSPEC	INSPECTION:			
, ,				[-7. 9			Denied	Use Gn	our. A -2	1ype:510	
gestament, when the			ILE SHOLD A		المستحدان			.	- "		
restaunt undo" new cle				dorming + See Conditions -					FBC-2003		
Proposed Project Description:			$\frac{1}{2}$			-1 -	wic XMB 9/1/09				
Reframing Section of roof on existing building											
						PEDESTRIAN ACTIVITIES DISTRICT (P.At.D.) / /		
						Action: Approved Approved waterdations Denied					
					Signature				Date		
					Signature:			Destà:			
Permit Taken By:		plied For:		Zoning Approval							
1.dobson 08/21/2009			Sn.	cial Zone or Revie		vs Zoning Appeal			Historic Preservation		
 This permit application does not preclude the Applicant(s) from meeting applicable State and 					1		ŀ				
Applicant(s) from mee Federal Rules.	apre 2rate and	d ☐ Shoreland		Varjance			Not in District on I andmark				
recerai kules.			_) _		- 1	[
 Building permits do not include plumbing, septic or electrical work. 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 			☐ Flood Zone ☐ Subdivision		Conditional Use			Does Not Require Review Requires Review Approved			
•			 540 ⊲.	non onle)	Approve		\ \ \	Approved w/C	'omditions	
-			G 0	copies exemply	ANN		u		- Approved 4/4	.onomons	
			L Maji	.) '∃ Moser (⊟ MM	¬	Denied			Dented /		
PILMANT ISSUED				D Com	hty-8				Date:		
								0			
				~~~		 				$-\!$	
	SER HI			•	/	f			_		
) !											
L											
	۲ł		_								
 . - _			•	ERTIFICATI	ON						
I hereby certify that I am the	e owner of	necord of the ne	med po	operty, or that th	te proj	posed work is	authorizad	by the	owner of recon	d and that	
I have been authorized by t	ne owner at	make this apple	cation	es his authorizza	d agen	t and f agree	lo conform	to all ap	pplicatile laws o	of th is	
jurisdiction. In addition, if											
shall have the authority to e such pennil.	nict all me	as covered by si	ich pen	nit at erry reason	mole i	wur to entare	e ine prov	IO ROLEI	nie conc(z) abb	pilcable (b	
очен резин.											
SIGNATURE OF APPLICANT				ADDRES	Š	DATE			PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

1-22-10 OK- rough in certificate (only) in 5 mg

_