

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

Permit No: 08-0200	Issue Date:	CBL: 043 H001001
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Location of Construction: 450 COMMERCIAL ST	Owner Name: GENERAL MARINE CONSTRUCTI	Owner Address: 446 COMMERCIAL ST	Phone:
Business Name: FREE RANGE FISH & LOBSTER	Contractor Name: Joe Loring	Contractor Address: 29 McAuley Road Cape Elizabeth	Phone 2073298181
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial -FREE RANGE FISH & LOBSTER	Proposed Use: Commercial -FREE RANGE FISH & LOBSTER - Removing wall to expand space, replace ceiling	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 1
Proposed Project Description: Removing wall to expand space, replace ceiling		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature: Date:				

Permit Taken By: Idobson	Date Applied For: 03/05/2008	Zoning Approval		
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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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 03/06/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This retail use is allowed within the WCZ Zone under section 14-309(d).			
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Pending	Reviewer:	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Greg Cass	Approval Date: 03/19/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separation between storage requires 2hr fire rating. Unable to determine use upstairs however this will require separation also. Please provide details of this separation. A sprinkler syswtem reduces this separation to 1 hr.			

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