

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 2014-00243	Issue Date:	CBL: 142 C001001
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Location of Construction: 1025 FOREST AVE (far right, rear)	Owner Name: A HAUSMANN ASSOCIATES INC	Owner Address: 380 WARREN AVE PORTLAND, ME 04103		Phone: (207) 653-9495
Business Name: Back Cove Cross Fit LLC	Contractor Name: Matt Fournier vg1004@gmail.com	Contractor Address: P.O. Box 1004 Auburn ME 04211		Phone: (207) 576-6384
Lessee/Buyer's Name Haley Mason	Phone: (207) 577-1522	Permit Type: Change of Use - Commercial		Zone: IL
Past Use: Commercial	Proposed Use: gym	Permit Fee: \$585.00	Cost of Work: \$48,800.00	CEO District: 5
Proposed Project Description: Change of use to gym - Interior tenant fit-up - called 1025		INSPECTION:		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 02/06/2014	Zoning Approval		
<ol style="list-style-type: none"> 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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied 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 APPLICANT _____	ADDRESS _____	DATE _____	PHONE _____
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____	DATE _____	PHONE _____
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