

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

Permit No: 06-0046	Issue Date:	CBL: 142 E004001
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Location of Construction: 930 Forest Ave	Owner Name: Miller James S	Owner Address: 930 Forest Ave	Phone: 207-797-4433
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use Home Occupation	Zone:

Past Use: Single Family	Proposed Use: Change of Use / Home occupation, Phyctic Reading by Anna. Conditional Use Appeal was approved on 1/5/06.	Permit Fee: \$225.00	Cost of Work: \$0.00	CEO District: 4
Proposed Project Description: Change of Use / Home occupation		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: GG	Date Applied For: 01/10/2006	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"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	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 Date:	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:	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: Ann Machado	Approval Date: 01/11/2006
Note: Conditional use appeal went to the zoning board of appeals and it was approved 01/05/06.			Ok to Issue: <input checked="" type="checkbox"/>
1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.			
2) Separate permits shall be required for any new signage.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 01/12/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate Permits shall be required for any new signage.			
2) Separate permits are required for any electrical, plumbing, or heating.			
3) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.			

CERTIFICATION

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO