| <b>City of Portland, Maine -</b> 389 Congress Street, 04101                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | 11                                | rmit No:<br>06-1246                              | Issue Date      | e:                | CBL:<br>142 H00            | 2001      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|--------------------------------------------------|-----------------|-------------------|----------------------------|-----------|
| Location of Construction:Owner Name:116 WALTON STSMITH JACOB                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                   | Owner Address:<br>116 WALTON ST                  |                 | Phone:            |                            |           |
| Business Name: Contractor Nam<br>Jacob Smith                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                   | Contractor Address:<br>116 Walton St Portland    |                 |                   | <b>Phone</b><br>2078077110 |           |
| Lessee/Buyer's Name Phone:                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                   | <b>Permit Type:</b><br>Change of Use - Dwellings |                 |                   | Zone:                      |           |
| Past Use:<br>Single Family                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | init convert carriage | -                                 | nit Fee: Cost of Work:<br>\$145.00 \$5,000.00    |                 |                   | CEO District:<br>) 4       |           |
|                                                                                                                                                                                                      | house to a resident interior renovation interior renovation interior renovation interior renovation in the second |                       | ions                              |                                                  | Approved Denied | INSPEC<br>Use Gro |                            | Туре      |
| <b>Proposed Project Description:</b><br>Change of use convert carriag<br>renovations                                                                                                                 | unit w/ interior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PEDE                  | PEDESTRIAN ACTIVITIES DISTRICT    |                                                  |                 |                   |                            |           |
|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Signa                             | iture:                                           |                 |                   | Date:                      |           |
| Permit Taken By:<br>dmartin                                                                                                                                                                          | <b>Date Applied For:</b><br>08/24/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                   | Zoning Approval                                  |                 |                   |                            |           |
| <ol> <li>This permit application does not preclude the<br/>Applicant(s) from meeting applicable State and<br/>Federal Rules.</li> </ol>                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Special Zone or I     | Special Zone or Reviews Shoreland |                                                  | Zoning Appeal   |                   | Historic Preservation      |           |
| 2. Building permits do not include plumbing, septic or electrical work.                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Wetland               |                                   | Miscellaneou                                     |                 |                   | Does Not Require Revie     |           |
| <ol> <li>Building permits are void if work is not started<br/>within six (6) months of the date of issuance.<br/>False information may invalidate a building<br/>permit and stop all work</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Flood Zon             |                                   | Conditional Us                                   |                 |                   | Requires Review            |           |
|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Subdivision           |                                   | Interpretati                                     |                 |                   | Approved                   |           |
|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Site Plan             |                                   | Approv                                           | ved             |                   | Approved w/                | Condition |
|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ma 🗌 Mino 🗌           | М 🗌                               | Denied                                           |                 |                   | Denied                     |           |
|                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:                 |                                   | Date:                                            |                 | Da                | ate:                       |           |

## 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 | РНО |
|-------------------------------------------|---------|------|-----|
|                                           |         |      |     |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | DATE    | РНО  |     |

| Location o                                                                                         | of Construction:                                                                                                                    | Owner Name:                                                                                                                |                                                                                     | Owner Address:                                                                              | Phone:                                      |                                         |              |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|--------------|--|
| 116 WAL                                                                                            | LTON ST                                                                                                                             | SMITH JACOB                                                                                                                |                                                                                     | 116 WALTON ST                                                                               |                                             |                                         |              |  |
| Business Name:                                                                                     |                                                                                                                                     | Contractor Name:                                                                                                           |                                                                                     | Contractor Address:                                                                         |                                             | Phone                                   |              |  |
|                                                                                                    |                                                                                                                                     | Jacob Smith                                                                                                                |                                                                                     | 116 Walton St Portland 207                                                                  |                                             | 2078077110                              | 78077110     |  |
| Lessee/Bu                                                                                          | yer's Name                                                                                                                          | Phone:                                                                                                                     | 1                                                                                   | Permit Type:                                                                                |                                             | 1                                       | Zone:        |  |
|                                                                                                    |                                                                                                                                     |                                                                                                                            |                                                                                     | Change of Use - Dwel                                                                        | lings                                       |                                         |              |  |
| Dept:                                                                                              | Zoning Status: A                                                                                                                    | pproved with Conditions                                                                                                    | Reviewer:                                                                           | Ann Machado                                                                                 | Approval Date:                              | : 09/0                                  | 7/2006       |  |
| Note:                                                                                              | -                                                                                                                                   |                                                                                                                            |                                                                                     |                                                                                             | 0                                           | )k to Issue:                            | $\checkmark$ |  |
| and a                                                                                              | pproval.                                                                                                                            | -                                                                                                                          |                                                                                     | se shall require a separa                                                                   |                                             |                                         |              |  |
| and a<br>2) This j<br>that w                                                                       | permit is being approved on work.                                                                                                   | the basis of plans submit                                                                                                  | ted. Any devia                                                                      | tions shall require a sep                                                                   | parate approval befo                        | fore starting                           | 5            |  |
| and a<br>2) This j<br>that w<br>Dept:                                                              | permit is being approved on                                                                                                         | the basis of plans submit                                                                                                  |                                                                                     | tions shall require a sep                                                                   | parate approval before Approval Date:       | Fore starting                           | g<br>9/2006  |  |
| and a<br>2) This p<br>that w<br>Dept:<br>Note:                                                     | permit is being approved on work.                                                                                                   | the basis of plans submit                                                                                                  | ted. Any devia Reviewer:                                                            | tions shall require a sep<br>Tom Markley                                                    | parate approval before Approval Date:       | fore starting                           | g<br>9/2006  |  |
| and a<br>2) This j<br>that w<br>Dept:<br>Note:<br>1) The d<br>2) As di                             | permit is being approved on<br>work.<br>Building <b>Status:</b> A                                                                   | the basis of plans submit<br>approved<br>ny engineered beam(s) m                                                           | ted. Any devia<br>Reviewer:<br>ust be submitte                                      | tions shall require a sep<br>Tom Markley<br>d to this office.                               | parate approval befo<br>Approval Date:<br>O | Fore starting<br>: 09/1<br>Dk to Issue: | g<br>9/2006  |  |
| and a<br>2) This p<br>that w<br><b>Dept:</b><br>Note:<br>1) The d<br>2) As di<br>bedro<br>3) Separ | permit is being approved on<br>work.<br>Building <b>Status:</b> A<br>design load spec sheets for an<br>iscussed, hardwired intercom | the basis of plans submit<br>approved<br>ny engineered beam(s) m<br>nected battery backup sm<br>ny electrical, plumbing, o | ted. Any devia<br>Reviewer:<br>ust be submitte<br>toke detectors s<br>r HVAC system | tions shall require a sep<br>Tom Markley<br>d to this office.<br>hall be installed in all b | parate approval befo<br>Approval Date:<br>O | Fore starting<br>: 09/1<br>Dk to Issue: | g<br>9/2006  |  |

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| SIGNATURE OF APPLICAN                     | ADDRESS | DATE | РНО |
|-------------------------------------------|---------|------|-----|
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT |         | DATE | РНО |