

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

<b>Permit No:</b> 05-1521	<b>Issue Date:</b>	<b>CBL:</b> 143 A025001
------------------------------	--------------------	----------------------------

<b>Location of Construction:</b> 32 Tremaine St	<b>Owner Name:</b> Mackinnon Sherry Alison	<b>Owner Address:</b> 32 Tremaine St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Smart Carpentry/ Keith Smart	<b>Contractor Address:</b> 155 Rochester Street Westbrook	<b>Phone</b> 2073515265
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	<b>Zone:</b>

<b>Past Use:</b> Single Family Home	<b>Proposed Use:</b> Single Family Home/ Demolish old Garage and storage space Replace w/ new same footprint	<b>Permit Fee:</b> \$84.00	<b>Cost of Work:</b> \$6,926.00	<b>CEO District:</b> 4
<b>Proposed Project Description:</b> Demolish old Garage and storage space Replace w/ new same footprint		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 10/03/2005	<b>Zoning Approval</b>		
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..	<b>Special Zone or Reviews</b> <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:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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:	

**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

<b>Location of Construction:</b> 32 Tremaine St	<b>Owner Name:</b> Mackinnon Sherry Alison	<b>Owner Address:</b> 32 Tremaine St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Smart Carpentry/ Keith Smart	<b>Contractor Address:</b> 155 Rochester Street Westbrook	<b>Phone</b> 2073515265
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 11/02/2005  
**Note:** **Ok to Issue:**

1) Your present structure is legally nonconforming as to setbacks. If you are to demolish this structure on your own volition, you will only have one (1) year to replace it in the same footprint (no expansions), with the same height, and same use. Any changes to any of the above shall require that this structure meet the current zoning standards. The one (1) year starts at the time of removal. It shall be the owner's responsibility to contact the Code Enforcement Officer and notify them of that specific date.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 11/02/2005  
**Note:** **Ok to Issue:**

1) Separate permits are required for any electrical, plumbing, or heating.  
2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

**Comments:**

11/1/05-tmm: met w/contractor - went over changes - ok to issue.

**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