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Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT
PERMIT

Permit Number: 040128

This is to certify that Pickus Owen B/Sheridan Construction
has permission to Upgrade of ADA access issues fire rating of stairs exit corridors
AT 978 Forest Ave City of Portland 143 A065001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or otherwise proposed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. W. M. J.
Health Dept. _____
Appeal Board _____
Other _____

Department Name

Director - Building & Inspection Services

PERMIT ABANDONED & EXPIRED 7/15/08

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0128	Issue Date:	CBL: 143 A065001
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Location of Construction: 978 Forest Ave	Owner Name: Pickus Owen B	Owner Address: 2 Chabot St	Phone: 207-857-9311
Business Name: n/a	Contractor Name: Sheridan Corporation	Contractor Address: PO Box 359 Fairfield	Phone: 2074539311
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: RP

Past Use: Commercial	Proposed Use: Business / Upgrade of ADA access issues & fire rating of stair / exit corridor.	Permit Fee: \$1,419.00	Cost of Work: \$146,306.00	CEO District: 4
Proposed Project Description: Upgrade of ADA access issues & fire rating of stair / exit corridor. - interior renovations		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

permit has been abandoned + expired 1/15/04

Signature: *[Signature]*
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: Date:

Permit Taken By: gg	Date Applied For: 02/13/2004	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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	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	Historic Preservation <input checked="" 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: <i>2/25/04</i>	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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE