Cit	y of Portland, Main	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:		
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		06-1403			146 B01	4001	
Location of Construction: Owner Name:						Own	Owner Address:			Phone:		
106	66 FOREST AVE		MARDIGAN STEPHEN E			460 BAXTER BLVD						
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone			
			Chase Excavating			50 Gray Road Falmouth			2077728160			
Less	see/Buyer's Name		Phone:			Permit Type:					Zone:	
						Demolitions						
Past	t Use:		Proposed Use:			Permit Fee: Cost of Work			rk:	CEO District:		
	mmercial		_	Demolish existing rentual new building		\$170.00		\$15,0		4		
								Approved	INSPEC			
										Use Group:		
								Denied				
Pro	posed Project Description	:	<u> </u>									
	molish existing building		al new building			Signature: Signat			Signatur	ature:		
						PEDESTRIAN ACTIVITIES DISTRIC				<u> </u>		
						Action: Approved Approve				d w/Condition Denied		
						Sign	ature:			Date:		
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval						
ldobson 09/22/2006					Zoning Approva							
1.	This permit application	nreclude the	Special Zone or Revie		ews	ws Zoning Appeal			Historic Preservation			
<ol> <li>This permit application does not pred Applicant(s) from meeting applicable Federal Rules.</li> </ol>			-	Shoreland		☐ Variance			Not in District or Landm			
2.	Building permits do not include plumbing, seption or electrical work.			☐ Wetland			Miscellaneous			☐ Does Not Require Revie		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon			Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work				☐ Subdivision ☐ Site Plan  Maj ☐ Minor ☐ MM ☐			☐ Interpretatio			Approved		
							☐ Approved			Approved w/Condition		
							☐ Denied			☐ Denied		
							Date:			Date:		
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to er uch permit.	e owner to permit for	o make this appli r work described	med procation a	as his authorized application is is	ne pro d agei sued,	nt and I agree I certify that the	to conform the code office	to all app cial's aut	plicable laws of thorized repres	of this sentative	
SIG	GNATURE OF APPLICAN				ADDRES	S		DATE	Ξ	Pl	НО	

<b>Location of Construction:</b>	Owner Name:		Owner Address:	Phone:									
1066 FOREST AVE	MARDIGAN STEPHE	NE	460 BAXTER BLVD										
Business Name:	Contractor Name:		Contractor Address:	Phone									
	Chase Excavating		50 Gray Road Falmouth		207772816	0							
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:							
			Demolitions										
D 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11 0 111	D :	M 01 11	10.4	00/	25/2006							
	pproved with Condition	ns <b>Reviewer:</b>	Marge Schmuckal	Approval Dat		25/2006							
Note:													
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.													
2) Your present structure is legally nonly have one (1) year to replace of the above shall require that this be the owner's responsibility to co	it in the same footprint structure meet the curr entact the Code Enforce	(no expansions), ent zoning stand ment Officer and	with the same height, and ards. The one (1) year start notify them of that specific	d same use. An	y changes to	o any							
3) Separate permits are required for the	he new construction PR	OR to commend	eement of work.										
Dept: Building Status: A	pproved	Reviewer:	Tammy Munson	Approval Dat		10/2006							
Note:					Ok to Issue	: <b>✓</b>							
Dept: Fire Status: A	pproved	Reviewer:	Cptn Greg Cass	Approval Dat	<b>e:</b> 09/2	25/2006							
Note:					Ok to Issue	: 🗆							
		CERTIFICATIO	N										
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are to such permit.	make this application a work described in the a	as his authorized application is iss	agent and I agree to confoued, I certify that the code	orm to all applic official's autho	cable laws o rized repres	f this entative							
SIGNATURE OF APPLICAN		ADDRESS	I	DATE	PH	Ю							
RESPONSIBLE PERSON IN CHARGE OF	WORK, TIT		I	DATE	PH	IO							