

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

PERMIT ISSUED	
Permit No. 02-0396	Issue Date: JUN 10 2002
CBL: 167 F006001	

Location of Construction: 75 Illsley St	Owner Name: Dimajo Clorinda Heirs	Owner Address: 75 Illsley St	Phone: 774-3808
Business Name:	Contractor Name: DiMajo, John	Contractor Address: 75 Illsley Street Portland	Phone: 2077743808
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R-5

Past Use: Single Family	Proposed Use: Two Family	Permit Fee: \$93.00	Cost of Work: \$10,000.00	CEO District: 2	<i>10,000 #</i>
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i>		

Proposed Project Description: Renovate Attic to Second Unit	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: gad	Date Applied For: 04/19/2002	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 <i>NA</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>Received ex. 5/10/02</i> Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> <i>with conditions</i> Date: <i>5/10/02</i>	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 Date:	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:
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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

11/18/03 Spoke w/ John DiMajo about Egress Skylight and explained we cannot be certain until a physical measurement is taken. Also explained about Egress hardware. Explained inspection procedures prior to close in. JB

10/25/06 Checked plumbing/framing and electrical for close in - egress windows ok - no issues seen - OK to close in. JM