

City of Portland, Maine - Building or Use Permit Application

Permit No: 04-1265	Issue Date:	CBL: 169 E002001
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Location of Construction: 677 Ocean Ave	Owner Name: Drown Gretchen S &	Owner Address: 677 Ocean Ave	Phone: 871-1393
Business Name:	Contractor Name: Nate Schrock	Contractor Address: 94 Wall Street Portland	Phone: 2077978845
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single family residence	Proposed Use: Single Family residence with 3rd fl attic renovated to bath,studio,storage	CEO District: 4
Proposed Project Description: Renovate attic to bath,storage,studio install winder staircase		FIRE DEPT: <input type="checkbox"/> <input type="checkbox"/>
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <input type="checkbox"/> <input type="checkbox"/> Approved w/Condition <input type="checkbox"/>

Date Applied For: dmm	Special Zone or Reviews	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	<input type="checkbox"/>	<input type="checkbox"/> Not in District or Landma
2. Building permits do not include plumbing, septic or electrical work.	<input type="checkbox"/>	<input type="checkbox"/> Does Not Require Revie
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..	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Approved w/Condition
	Maj <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/>

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 _____

Location of Construction: 677 Ocean Ave	Owner Name: Drown Gretchen S &	677 Ocean Ave	871-1393
	Nate Schrock	Contractor Address: 94 Wall Street Portland	2077978845
Lessee/Buyer's Name		Alterations - Dwellings	Zone:

Dept: Zoning	Status: Pending	Reviewer: Jeanine Bourke	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				

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SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO
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