

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0474	Issue Date:	CBL: 183B A001063
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Location of Construction: 63 GLENRIDGE DR	Owner Name: SPIZZUOCO KATHLEEN A	Owner Address: 63 GLENRIDGE	Phone:
Business Name:	Contractor Name: Maine Properties, Inc.	Contractor Address: PO Box 368 Scarborough	Phone 2078833753
Lessee/Buyer's Name	Phone:	Permit Type: Replacement windows	Zone:

Past Use: Single Family Condo's	Proposed Use: Single Family Condo's - 7 replacement windows no change to clear openings	Permit Fee: \$50.00	Cost of Work: \$3,311.00	CEO District: 5
Proposed Project Description: 7 replacement windows no change to clear openings		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		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: Idobson	Date Applied For: 05/05/2010	Zoning Approval		
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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"/> Date:	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 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

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 05/06/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) This property shall remain as one hundred (100) residential dwelling units (PRUD). Number 63 is an end unit in a three unit building. Any change of use shall require a separate permit application for review and approval.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 05/20/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Ben Wallace Jr.	Approval Date: 05/10/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) All sleeping rooms shall have one egress window.			

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