City of Portland, Maine - Building or Use Permit Applica 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874						rmit No: 09-1026	Issue Dat	e:	CBL: 186 D033001	
Location of Construction:Owner Name:48 MASSACHUSETTS AVEGAGNE PAUL		R & JAMES N BOUL		Owner Address: 48 MASSACHUSETTS AVE			Phone:			
Business Name: Contractor Nan Maurice Arsen				Contractor Address: 51 Anderson Westbrook			Phone 2078073051			
Lessee/Buyer's Name Phone:				Permit Type: Demolitions - Building			Zone:			
Single Family -Garage Single Family -Garage		<u> </u>	Proposed Use: Single Family - Demolish garage for vacant space/ rebuild to be applied for separately		Pern	iit Fee: \$50.00	Cost of Wo \$2,3	ork: 00.00	CEO District: 3	
					Approveu			SPECTION: e Group: Type		
Proposed Project Description: Demolish garage for vacant space/ rebuild to be applied			ed for se	for separately Signature: Si PEDESTRIAN ACTIVITIES DISTRI		Signatu	5			
					Action Approved Approved			proved w	d w/Condition Denied	
					Signature:			Date:		
Permit Taken By:Date Applied For:Ldobson09/16/2009			Zoning Approval							
1. This permit application does not preclude the		Special Zone or Reviews		Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance			Not in District or Landma		
2.	2. Building permits do not include plumbing, septic or electrical work.		U 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. False information may invalidate a building permit and stop all work			Flood Zon			Conditional Us			Requires Review	
			Subdivision		Interpretatio			Approved		
			☐ Site Plan Maj ☐ Mino ☐ MM ☐			Approved			Approved w/Condition	
						Denied			Denied	
			Date:			Date:		Da	ate:	

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 48 MASSACHUSETTS AVE	Owner Name: GAGNE PAUL R & JAMES N BOUL		Owner Address: 48 MASSACHUSETTS A	Phone:			
Business Name:	Contractor Name: Maurice Arsenault		Contractor Address: 51 Anderson Westbrook	Phone 2078073051			
Lessee/Buyer's Name	Phone:		Permit Type: Demolitions - Building	Zone:		Zone:	
Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 09/17/2009 Note: Ok to Issue: ✓ 1) Your present structure is legally nonconforming as to setbacks. If you are to demolish this structure on your own volition, you will only have one (1) year to replace it in the same footprint (no expansions), with the same height, and same use. Any changes to any of the above shall require that this structure meet the current zoning standards. The one (1) year starts at the time of removal. It							
 shall be the owner's responsibility to contact the Code Enforcement Officer and notify them of that specific date. 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. 							
 This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. 							
4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.							
Dept: Building Status: Po Note:	ending	Reviewer	Residential Plan Revie	Approval Dat	e: Ok to Issue:	: 🗆	

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