

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK** 



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that EAST HOLDINGS LLC DOWN

Located At 1375 CONGRESS

Job ID: 2011-01-192-OPB

CBL: 188 - - A - 002 - 001 - - - - -

has permission to Enclose Porch

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED. A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

1-18-17

Fire Prevention Officer THIS CARD MUST BE

Officer Code Enforcement Officer / Plan Reviewer THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.

PENALTY FOR REMOVING THIS CAR

## PERMIT ISSUED

JAN 18 2011

City of Portland

Ob No:         Date Applied:           2011-01-192-OPB         12/30/2010			CBL: 188 A - 002 - 001	l		
Location of Construction: 1375 CONGRESS	Owner Name: EAST HOLDINGS LLC DOWN		Owner Address: 103 S US RT 1 STE F5 PMB 145 JUPITER, FL - FLORIDA 33477			Phone:
Business Name:	Contractor Name:		Contractor Address:			Phone:
Lessee/Buyer's Name:	Phone:		Permit Type: BLDG - Building			Zone:
Past Use:	Proposed Use:		Cost of Work: 3000.000000			CEO District:
			Fire Dept: Approved Denied N/A Signature:			Inspection: Use Group: B Type: 5B TBC-2004 Signature:
Proposed Project Description 1375 Congress Enclose Porch	Pedestrian Act		ities District (P.A.D.)		1,10	
Permit Taken By:		Zoning Approval				
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building Permits do not include plumbing, septic or electrial work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permitted State and St</li></ol>		Special Zone or Reviews          Shoreland         Wetlands         Flood Zone         Subdivision         Site Plan         Maj       Min         Mate:		Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied Date:	Historic Preservation 	
JAN 1 8 2011						

### CERTIFICATION

I hereby certify that I and the covered 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** 



 This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
 This property shall remain professional offices. Any change of use shall require a separate permit application for review and approval.

# **General Building Permit Application**

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Total Square Footage of Lot       9.07 Acres         Tax Assessor's Chart, Block & Lot       Applicant "must be owner, Lessee or Buyer"       Telephone:         186       A       0.07 - 761-0177         187       Acces       Data and the second acces       Data and the second acces         188       A       0.02 - 761-0177       Data and the second acces       Data and the second acces         188       A       0.02       City, State & Zip Yar mouth, 0.096       Data and the second acces       Data and the second acces         188       A       0.02       City, State & Zip Yar mouth, 0.096       Data and the second acces       Data and the second acces         188       A       0.02       Correct (if different from Applicant)       Name Down & Exst Holding's, Lic       Correct (if different from Applicant)       Coreft (if different from Applicant)       Correct (if diff	Location/Address of Construction:	etic Enhuncement Center of N.E., 1375 Congress Street					
Tax Assessor's Chart, Block & Lot       Applicant "must be owner, Lessee or Buyer"       Telephone:         Tax Assessor's Chart, Block & Lot       Name Dr. Michael Belees       207-761-0177         Tax Assessor's Chart, Block & Lot       Name Dr. Michael Belees       207-761-0177         Tax Assessor's Chart, Block & Lot       Name Dr. Michael Belees       207-761-0177         Tax Chart & Assessor's Chart, Block & Lot       Name Dr. Michael Belees       207-761-0177         Procel FDH : 188 Accoccol       City, State & Zip Yarmuth, Alog16       Work: \$       207-761-0177         Lessee/DBA (If Applicable)       Owner (if different from Applicant)       Nore State & Zip Yarmuth, Alog16       Work: \$       2000         Current legal use (i.e. single family)       Physic can O Ff.ee       Ovner (if different from Applicant)       Cof O Fee: \$       Total Fee: \$         Current legal use (i.e. single family)       Physic can O Ff.ee       Ovner (if different from Applicant)       Cof O Fee: \$       Total Fee: \$         Corrent legal use (i.e. single family)       Physic can O Ff.ee       Ovner (if different from Applicant)       Cof O Fee: \$       Total Fee: \$         Corrent legal use (i.e. single family)       Physic can O Ff.ee       Ovner (if different for Applicant)       Cof O Fee: \$       Total Fee: \$         Corrent legal use (i.e. single family)       Physic can O orea, in order to rece; ive de	Total Square Footage of Proposed Structure/						
Chart# Block# Lot# Name Dr. Michael Bedecs Address 95 Sandy Paint Road Parce(FD#): 188 Accoacol City, State & Zip Yarmouth, 04096 Lessee/DBA (If Applicable) Owner (if different from Applicant) Name Down East Holding's, LLC Address 103 50 S RT 1 STF F5700 C of O Fee: \$							
186       A       Ware Dr. Michael Sedecs       point - 761-011 T         Address       43       Sanay Bint Road       point - 761-011 T         Address       45       Sanay Bint Road       point - 761-011 T         Address       45       Sanay Bint Road       point - 761-011 T         Address       45       Sanay Bint Road       point - 761-011 T         Address       135       Cost Of       Work S         Lessee/DBA (If Applicable)       Owner (if different from Applicant)       Name Down East Holdings, LC       Work S         Address       103       Tupietr. FL. 33+477       Cost Of Fee: S       Total Fee: S         Current legal use (i.e. single family)       The Susan Of Fice - Operce 2 Business Serdice       Total Fee: S       Total Fee: S         Current legal use (i.e. single family)       The Susan Of Fice - Operce 2 Business Serdice       Total Fee: S       Total Fee: S         Current legal use (i.e. single family)       The Susan Of Fice - Operce 2 Business Serdice       Total Fee: S       Total Fee: S         Current legal use (i.e. single family)       The Susan Of Fice - Operce 2 Business Serdice       Total Fee: S         If yearn, what was the previous use?       N/A       If yearness and Serdice       Total Fee: S         If yearnessift and the application?       N/A	· ·	Applicant * <u>must</u> be owner, Lessee or Buyer* Telephone:					
Address       Address       Correct of a subdivision?       Address       Correct of a subdivision?       Address       Correct of a subdivision?       Correct of a subdivisio subdivisio subdivision?       Correct of a su	1	-					
Lesse/DBA (If Applicable)       Owner (if different from Applicant) Name Dewn Eusy HoldTrigs, LC Address 103 5US RT1 STE F5PM C of O Fee: \$	188 17 002	Address 95 Sandy Point Road					
Name       Down Eush Holdings, LLC       Work: \$	Parce ( FD #: 188 A002001						
Name       Desk 263 Hoditing, 124         Address 103 SUS RT1 STE F5PM0       C of O Fee: \$	Lessee/DBA (If Applicable)						
Image:		Name Down East Holdings, LLC Work: \$ 15000					
Current legal use (i.e. single family)  Current legal use (i.e. single family)  If vacant, what was the previous use?  N/A  Proposed Specific use: N/A  Proposed Specific use: N/A  Project description:  Enclose porch area, in order to receive deliveries. This will  prevent boxes being left eqress areas.  Contractor's name: NO  Contractor's nam		Address 103 3US RT1 STE F5PMB C of O Fee: \$					
If vacant, what was the previous use? N/A Proposed Specific use:		City, State & Zip Total Fee: \$					
If vacant, what was the previous use? N/A Proposed Specific use:	Current legal use (i.e. single family) Physician OFFice - OFFice - Business Service						
Is property part of a subdivision? <u>NO</u> If yes, please name Project description: Enclose porch area in order to receive deliveries. This will prevent boxes being left eqress areas. Contractor's name: <u>howe</u> : <u>Discenter</u> <u>Order to receive</u> deliveries. This will prevent boxes being left eqress areas. Contractor's name: <u>howe</u> : <u>Discenter</u> <u>Discenter</u> <u>Telephone</u> : City, State & Zip City, State & Zip Who should we contact when the permit is ready: <u>Machine Respector</u> <u>Telephone</u> <del>Discenter</del> <del>Discenter</del> <del>Discenter</del> <del>Contractor's name</del> : <u>Source</u> <u>Portune</u> <u>Discenter</u> <del>Discenter</del> <del>Contractor's name</del> <u>Telephone</u> : <u>Telephone</u> <del>Discenter</del> <del>Contractor's name</del> <u>Telephone</u> <del>Discenter</del> <del>Contractor's name</del> <u>Contractor's name</u> <u>Telephone</u> <del>Discenter</del> <del>Contractor's name</del> <u>Contractor's name</u> <u>Telephone</u> <del>Discenter</del> <del>Contractor's name</del> <u>Contractor's name</u> <u>Contra</u>							
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prevent boxes being left eqress areas. Contractor's name:	Is property part of a subdivision? <u>NO</u> If yes, please name						
prevent boxes bein left eqress areas.         Contractor's name:							
Address:	•	-					
Address:	Contractor's name: Nove ; Dua	y By owner					
Who should we contact when the permit is ready: Michael Redes Telephone 01409 Store Mailing address: 375 Orgoss ST PDRIMP OULO Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit. An order to be sure the City fully understands the full scope of the project, the Planning and Development Department ay request additional information prior to the issuance of a permit. For further information or to download copies of is form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections ivision office, room 315 City Hall or call 874-8703. hereby certify that I am the Owner of record of the named property, or that the owner of Performent Tagree to conform to all applicable ws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the figure Official's thorized representative shall have the authority to enter all areas covered by this permit at any repetible hour to enforce the ovisions of the codes applicable to this permit.							
<ul> <li>Mailing address: <u>375</u> (Suggess ST Porture) Outco</li> <li>Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.</li> <li>a order to be sure the City fully understands the full scope of the project, the Planning and Development Department ay request additional information prior to the issuance of a permit. For further information or to download copies of is form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections vision office, room 315 City Hall or call 874-8703.</li> <li>hereby certify that I am the Owner of record of the named property, or that the owner of property undomes the proposed work and at I have been authorized by the owner to make this application as his/her authorized agent. Tagree to conform to all applicable ws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that performed out or to enforce the ovisions of the codes applicable to this permit.</li> </ul>	City, State & Zip	Telephone:					
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	Signature: WSPORE	Date: 29 Pept. of Building Inspo-					

This is not a permit; you may not commence ANY work until the permit is issue

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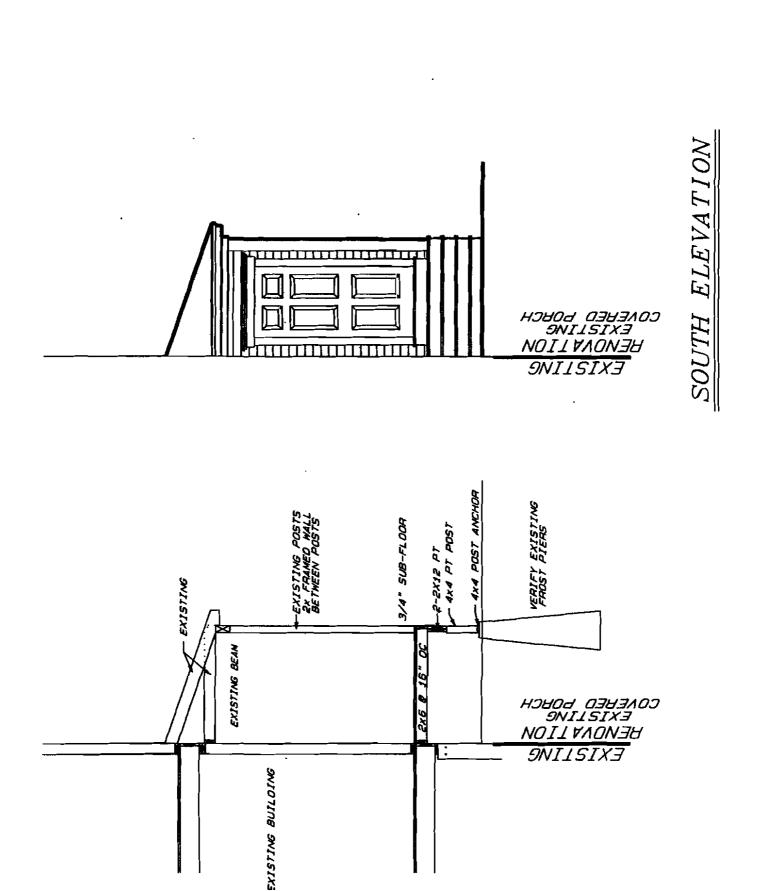
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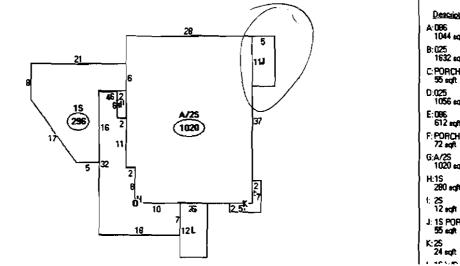


12/23/2010



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### EAST ELEVATION

