



Permitting and Inspections Department  
Michael A. Russell, MS, Director

### General Building Permit Application

Project Address: 11 Doremoy Street

Tax Assessor's CBL: 193 E 1 Cost of Work: \$ \$30,000  
Chart # Block # Lot #

Proposed use (e.g., single-family, retail, restaurant, etc.): Single Family

Current use: Single Family Past use, if currently vacant: \_\_\_\_\_

- Commercial
- Multi-Family Residential
- One/Two Family Residential

Type of work (check all that apply):

<input type="checkbox"/> New Structure	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Change of Ownership - Condo Conversion
<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Fence	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool - Above Ground	<input type="checkbox"/> Change of Use - Home Occupation
<input type="checkbox"/> Amendment	<input type="checkbox"/> Pool - In Ground	<input type="checkbox"/> Radio/Telecommunications Equipment
<input type="checkbox"/> Shed	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Radio/Telecommunications Tower
<input type="checkbox"/> Demolition - Structure	<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Tent/Stage
<input type="checkbox"/> Demolition - Interior	<input type="checkbox"/> Commercial Hood System	<input type="checkbox"/> Wind Tower
<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Tank Installation/Replacement	<input type="checkbox"/> Solar Energy Installation
<input type="checkbox"/> Garage - Detached	<input type="checkbox"/> Tank Removal	<input type="checkbox"/> Site Alteration

Project description/scope of work (attach additional pages if needed):  
Construction of a 2 story addition - approximately 21' x 26'

Applicant Name: Chabad Lubavitch Phone: (207) 650-8295

Address: 11 Doremoy Street Email: \_\_\_\_\_

Lessee/Owner Name (if different): \_\_\_\_\_ Phone: ( ) - -

Address: Architect Email: \_\_\_\_\_

Contractor Name (if different): Gleason Architects Phone: (63) 772-7370

Address: P.O. Box 696 Stratton, NH Email: gleason.architects@qm1.com

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: [Signature] architect Per the owner Date: 3/22/17

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.