Form # P 04

Health Dept. ______
Appeal Board
Other _____

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

DIOI EAL TITIO OF	AILD OIL LIMITON AL I	HOHINGE OF HOHIN
Ci	TY OF PORTL	AND
Please Read Application And	ECTIO	
Notes, If Any,	PERMIT	Permit Number: 070820
Attached	PERIVIT	PERMIT ISSUED_
This is to certify that <u>DELTA AIR LINES IN</u> (C DE 852 CO Facility Sol	ns
has permission toadd_wall for temporary s	atorag	AUG - 3 2007
AT 1001 WESTBROOK ST	C	208 A001002
provided that the person or person of the provisions of the Statutes the construction, maintenance arthis department.	of Name and of the area	epting this perimits hall bromply with all nees of the City of Portland regulating tures, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	N fication inspect in must generally and with permission procured by re this leading or at the rectangle and or consed-in. H IR NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build-
OTHER REQUIRED APPROVALS		1/25/07

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Bu	ilding or Use	Permi	t Application	n Pe	rmit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel	0			- 1	07-0820		208 AG	001002
Location of Construction:	Owner Name:			Owne	r Address:		Phone:	
1001 WESTBROOK ST	DELTA AIR LINES INC DEPT 85		INC DEPT 85	PO	BOX 45852			
Business Name:	Contractor Nam	e:		Contr	actor Address:		Phone	
	Facility Solut	ions, Inc	: .	PO	Box 241 Raym	iond	2074151	877
Lessee/Buyer's Name	Phone:			Perm	it Type:		l .	Zone:
				Ado	ditions - Comn	nercial		118
Past Use:	Proposed Use:	Proposed Use:		Perm	it Fee:	Cost of Work:	CEO District:	
Commercial - Portland Jet Port Commercial -		Portland Jet Port		\$40.00 \$1,500.00			0 3	
Baggage area		Baggage area- add wall for		FIRE	E DEPT:	Approved INS	PECTION: /	
	temporary sto	rage spa	ice			Denied Use	e Group:	Type:
							-211	m2
				Se	e Condi	turs -	IBC 20	
Proposed Project Description:					<i>(</i>	α \sim	-	(
add wall for temporary storage space	ce			Signa	ture: (sca)	Stg	nature:	\sim
				PEDE	ISTRIAN ACTIV	VITIES DISTRIC	T (P.A.D.)	
				Actio	n: Approve	ed Approve	d w/Conditions	Denied
				Signa	nture:		Date:	
Permit Taken By: Date	Applied For:			1	Zoning	Approval		
Idobson 07/	/06/2007							
 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. 		Spe	cial Zone or Revie	ews	Zoning	g Appeal	Historic Pre	servation
			noreland	V	Variance		Not in Distri	ict or Landma
		w	etland fund of	10-4- 10	│	neous	Does Not Re	equire Review
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		FI	ood Zone)	Condition	nal Use	Requires Re	view
		∐¦ Sı	ubdivision		[] Interpreta	ition	Approved	
] Si	te Plan		Approved	i	Approved w	/Conditions
PERMIT ISSUED AUG = 3 2007		Maj	Minor MM) -	Denied		Denied	\supset
		Date:	7/9/8	3 7_	Date:		Date:	\geq
NOO 0	65-37		111	1				
OUTIVOE								
CITY OF POR	TLAND							
		(CERTIFICATI	ΩN				
I haraby cartify that I am the owner.	of record of the no				nosad wark is	outhorized by t	he owner of reco	rd and that
I hereby certify that I am the owner of the large been authorized by the owner								
jurisdiction. In addition, if a permit								
shall have the authority to enter all a								
such permit.	-	-						

ADDRESS

DATE

DATE

PHONE

PHONE

SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

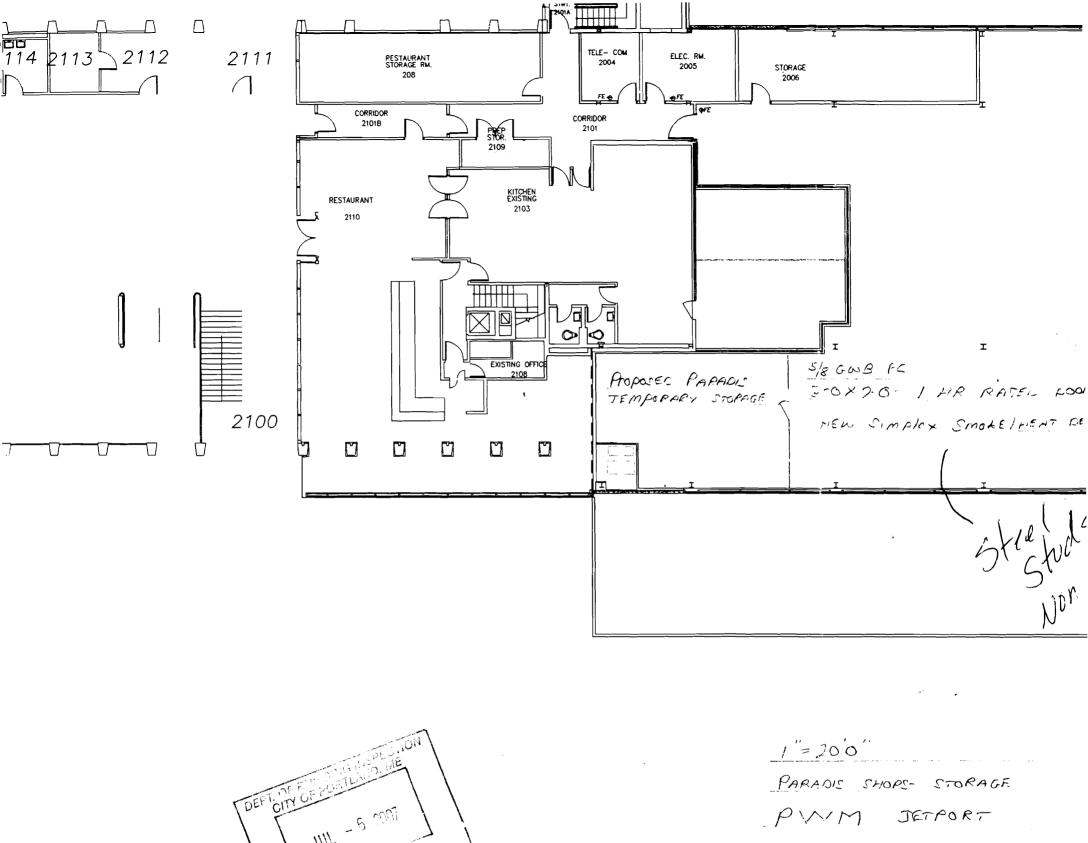
• ′		ilding or Use Permit (207) 874-8703, Fax: (207)		Permit No: 07-0820	Date Applied For: 07/06/2007	CBL: 208 A001002	
		Owner Address:		Phone:			
1001 WESTBROOK S	Т	DELTA AIR LINES I	NC DEPT 852	PO BOX 45852	PO BOX 45852		
Business Name:				Contractor Address:		Phone	
		Facility Solutions, Inc.		PO Box 241 Raymond		(207) 415-1877	
Lessee/Buyer's Name		Phone:			mercial		
Proposed Use:			Propos	ed Project Description	:		
Commercial - Portland temporary storage space	_	gage area- add wall for	add w	all for temporary s	torage space		
Dept: Zoning Note:	Status:	Approved	Reviewer	: Marge Schmuck	al Approval I	Oate: 07/09/2007 Ok to Issue: ✓	
Dept: Building Note:	Status:	Approved with Conditions	s Reviewer	: Tammy Munson	Approval Γ	Oate: 07/25/2007 Ok to Issue: ✓	
		r any electrical, plumbing, ubmitted for approval as a					
Dept: Fire Note:	Status:	Approved with Conditions	s Reviewer	: Capt Greg Cass	Approval D	Pate: 07/11/2007 Ok to Issue: ✓	
1) 0.	e congrated f	rom other uses with 1hr ra	ited constructio	n.			
1) Storage uses shall be	c seperateur	ioni onici uses with the la					

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.

Location/Address of Construction:	LAND JETPOR	7				
Total Square Footage of Proposed Structure	Square Footage	e of Lot				
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 208 A 001002 -	Owner: CITY OF PORT C PARADY SLIOP	Telephone: 267-4/15-1827				
Lessee/Buyer's Name (If Applicable) PARAPIL SLIOPS	PARADI SLIOP Applicant name, address & t FACILITY SCIUTI PO BLY DAIL PAYMOND ME OF	Work: \$ /3				
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Born Stoward Project description: Stoked A Now Project	If yes, please nam	e				
Contractor's name, address & telephone: Facility Solutions Inc. P.O. Bir 241 Who should we contact when the permit is ready: Robert Mailing address: Phone: 201-115-1877						
Please submit all of the information outling Failure to do so will result in the automa. In order to be sure the City fully understands the full request additional information prior to the issuance of other applications visit the Inspections Division on-linguous 315 City Hall or call 874-8703. I hereby certify that I am the Owner of record of the name been authorized by the owner to make this application as his	tic denial of your permit. scope of the project, the Plannin of a permit. For further information ne at www.portlandmaine.gov, or d property, or that the owner of reco	g and Dove of the Department may another of the Inspections Division office, and authorizes the proposed work and that I have				
In addition, if a permit for work described in this application authority to enter all areas covered by this permit at any rea	n is issued, I certify that the Code O	fficial's authorized representative shall have the				
organite of applicant:		Date: (// 2/0/				

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



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