City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						rmit No: 09-0394	Issue Date:		CBL: 045 F01	CBL: 045 E019001	
Location of Construction: Owner Name:			Owner Address:			Phone:					
	WINTER ST	PULASKI MIC	PULASKI MICHAEL & AMY GRO			68 WINTER ST					
Business Name:		Contractor Nan property owne	Contractor Name:			Contractor Address:			Phone		
Lessee/Buyer's Name Phone:					Permit Type: Additions - Duplex				Zone:		
Past Use: 2 Unit Residential		Proposed Use: 2 Unit Residen	tial - A	l - Add 2 skylights,		Permit Fee:   Cost of Wor   \$150.00   \$12,500					
		1 dormer, finish 3rd floor	1 dormer, finish 1 room - bed 3rd floor		FIRE	ripproved			ISPECTION:  Jse Group: Type		
Proposed Project Description: Add 2 skylights, 1 dormer, finish 1 room - bedroom 3rd				d floor		Signature: PEDESTRIAN ACTIVITIES DIST		Signature:			
					Action Approved Approved			,			
			Signature:			Date:					
Permit Taken By: Date Applied For: Ldobson 04/30/2009			Zoning Approval					l			
1.	This permit application do	oes not preclude the	Spec	ial Zone or Revi	ews	ws Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			☐ Variance			☐ Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.		☐ 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.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may inv permit and stop all work				☐ Interpretatio			Approved			
			☐ Si	te Plan	Approved				Approved w/Condition		
			Maj Mino MM			☐ Denied			Denied		
			Date:			Date:		D	Date:		
I ha juris shal	reby certify that I am the over the vertile of the over the constitution. In addition, if a pell have the authority to enter uch permit.	wner to make this appli rmit for work described	med procession a	as his authorized application is iss	ne prop l agent sued, I	t and I agree t certify that th	o conform t e code offic	o all ap cial's au	pplicable laws of the state of	of this sentative	
					-						
SIG	GNATURE OF APPLICAN			ADDRES:	S		DATE	,	P	НО	

Logotion	of Construction:	Owner Nemer		Owner Address		Phone:		
Location of Construction: 68 WINTER ST			Owner Name: PULASKI MICHAEL & AMY GRO		Owner Address: 68 WINTER ST		Phone:	
Business Name:		Contractor Name:			Contractor Address:			
Dusiness Name:		property owner		Contractor Address:		Phone		
Lessee/B	uyer's Name	Phone:		Permit Type:			Zone:	
Lessee, D	ujer s rume	i none.		Additions - Duplex			Zone.	
				1				
Dept:	Historic Stat	tus: Approved with Conditi	ons Reviewer	: Scott Hanson	Approval Da	ite: 05.	/15/2009	
Note:						Ok to Issu	e: 🗸	
1) App	proval contingent on fin	al inspection upon completion	on of work.					
, 11	<b>C</b>	staff to discuss final design		er selects contractor.				
Dept:	Zoning Stat	tus: Approved with Conditi	ons <b>Reviewer</b>	: Ann Machado	Approval Da	nte: 05	/07/2009	
_	•	o), 80% of the first floor foot						
11010.	of the allowable increase		7111t 15 1000 St. 1	the doffner is adding 7.75	SI WINCH IS 170	OK to Issu	c. <u>v</u>	
1) This		r an additional dwelling unit.	You SHALL N	OT add anv additional ki	tchen equipment	including, b	out not	
		_		•		8, 1		
limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.  2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.								
					. 1 6			
	s property shall remain a roval.	a two family dwelling. Any c	hange of use shal	Il require a separate perm	it application for	review and		
		1 1 1 1 6 1 1						
4) This worl		ved on the basis of plans sub	mitted. Any dev	iations shall require a sej	parate approval t	before starti	ng that	
WOII	κ.							
Dept:	Building Stat	tus: Pending	Reviewer	: Tom Markley	Approval Da	ıte:		
Note:						Ok to Issu	e: 🗆	
Comme	ents:							
5/15/200	09-gg: recieved permit f	rom historic on 5/15/09. /gg						
			~~~~					
			CERTIFICATIO					
		oner of record of the named part of make this application						

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
DESDONSIBLE DED SON IN CHARGE OF WORK TIT	DATE	DHO	