

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-1123	Issue Date: PERMIT ISSUED OCT 2 2001	CBL: 218 B002001
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Location of Construction: 1346 Westbrook St	Owner Name: Thomas William C &	Owner Address: 1346 Westbrook St	Phone: 207-799-9800
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Business Name: n/a	Contractor Name: Atlantic Kitchen Center	Contractor Address: 351 Marginal Way Portland	Phone: 2077751227
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Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Dwellings	Zone: R-2
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Past Use: Single Family	Proposed Use: Single Family / Replace window, install 3 large windows. & install atrium door	Permit Fee: \$198.00	Cost of Work: \$29,000.00	CEO District: 3
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: SB BOCA 1999 Signature: T. Munson
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Proposed Project Description:
Install Windows & Atrium Door

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: N/A Date:

Permit Taken By: gg	Date Applied For: 09/11/2001	Zoning Approval	
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- 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.
- 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 10/1/01	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: 10/08/01	<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions SEE ATTACHED <input type="checkbox"/> Denied Date: 9/26/01 JAH

Handwritten notes in Special Zone: Panel 12 zone X over 75' from high water mark

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 APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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All Purpose 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: 1346 Westbrook St

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Chart# <u>219</u> Block# <u>3</u> Lot# <u>002</u>	Owner: <u>Bill + Becki Thomas</u>	Telephone: <u>799-9800 (w)</u>
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Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Warren S. Finnegan</u> <u>650-4087</u>	Cost Of Work: \$ <u>29,000</u> Fee: \$ <u>198.00</u>
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Current use: Single Family

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: Remodding kitchen cabinets & Tjps

Project description: replace one small window (same size)
Install three large windows in new openings
Installing new 6'0" x 6'8" Atrium door.

Contractor's name, address & telephone:

Who should we contact when the permit is ready: Warren S. Finnegan

Mailing address: Atlantic Kitchen Center
351 Marginal Way XX
Portland, Me. 04011 mail 650-4087 Cell

Phone: 775-1227

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>Warren S. Finnegan</u>	Date: <u>9-11-01</u>
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This is not a permit, you may not commence ANY work until the permit is issued

