



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

General Building Permit Application

Project Address: 1700 Westbrook Street Portland

Tax Assessor's CBL: 246 A003 001 Cost of Work: \$ 5,000
Chart # Block # Lot #

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

Current use: _____ 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 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 checked="" type="checkbox"/> Tank Removal	<input type="checkbox"/> Site Alteration

Project description/scope of work (attach additional pages if needed):

Remove 3000 Gallon Heating oil Tank

Applicant Name: Onex Company Kerrin Dorne Phone: (607) 965-0527

Address: 68 Old Farm Rd Newton MA 02459 Email: _____

Lessee/Owner Name (if different): _____ Phone: (____) _____ - _____

Address: _____ Email: _____

Contractor Name (if different): Portland Pump Co. Phone: (207) 883-4317

Address: 11 Border Rd Scarborough Me 04074 Email: _____

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:  Date: 3-29-17

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.