

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 13 Blueberry Road		Owner: Mark & Gail Mason		Phone: 207 729-4164		Permit No: 000356
Owner Address*** Dr. Gail Mason **257 Bath Road, Brunswick, ME 04011		Lessee/Buyer's Name: N/A		Phone: N/A		
Contractor Name: 207-729-4164 N/A		Address: N/A		Phone: N/A		Zone: J-M CBL: 237-B-011 Zoning Approval: OK with conditions Special Zone or Reviews: <input 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"/> NOT OVER \$,000
Past Use: Office Building UNUM Staff Training Room Seminar Facility		Proposed Use: Veterinary Hospital		COST OF WORK: \$ 0		
Proposed Project Description: Change of Use from office/training facility to Veterinary Hospital		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: B Type: 23 Signature: <i>[Signature]</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
				Permit Taken By: ub		

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

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 provisions of the code(s) applicable to such permit

4-11-00

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS

- Zoning Appeal**
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied

- Historic Preservation**
- Not in District or Landmark
 - Does Not Require Review
 - Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICTS
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