

Portland, Maine



Yes. Life's good here.

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

General Building Permit Application

Project Address: 520 CAPISIC ST. PORTLAND, ME

Tax Assessor's CBL: _____ Cost of Work: \$ 3,000

Chart # _____ Block # _____ Lot # _____

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

Current use: Single family/office 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 checked="" type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input type="checkbox"/> Change of Use |
| <input checked="" 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 type="checkbox"/> Tank Removal | <input type="checkbox"/> Site Alteration |

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

ADD 2 PLANKED ROOFS OVER 2 ENTRY DOORS.
BOTH ROOFS WILL BE 60" WIDE BY 48" DEEP.

Applicant Name: TIM SCHWARTZ (STS BUILDERS) Phone: (207) 590-2190

Address: 84 PROVIDENCE AVE, S. PORTLAND, ME Email: tim.schwartz1015@gmail.com

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Lessee/Owner Name (if different): Dr. John Gallacher Phone: (207) 712-2311

Address: 520 CAPISIC ST., PORTLAND, ME Email: _____

Contractor Name (if different): STS BUILDERS Phone: (207) 590-2190

Address: 84 PROVIDENCE AVE., S. PORTLAND, ME Email: tim.schwartz1015@gmail.com

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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: Timothy Schwartz Date: 3-28-17

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.