

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

Permit No: 05-0296	Issue Date:	CBL: 263 D009001
------------------------------	--------------------	----------------------------

Location of Construction: 94 Webb St	Owner Name: Morton-stanford Tracy &	Owner Address: 94 Webb St	Phone:
Business Name:	Contractor Name: Home owner	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single family	Proposed Use: Single family repairing floor joists and ceiling rafters in bathroom	Permit Fee: \$48.00	Cost of Work: \$3,000.00	CEO District: 3
Proposed Project Description: Repairing floor joists and ceiling rafters in bathroom		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: dmartin	Date Applied For: 03/22/2005	Zoning Approval		
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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:	

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 APPLICAN _____ ADDRESS _____ DATE _____ PHO _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT _____ DATE _____ PHO _____

Location of Construction: 94 Webb St	Owner Name: Morton-stanford Tracy &	Owner Address: 94 Webb St	Phone:
Business Name:	Contractor Name: Home owner	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Dept: Zoning	Status: Approved	Reviewer: Tammy Munson	Approval Date: 03/30/2005
Note: all work within existing structure			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 03/30/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			
2) Separate permits are required for any electrical, plumbing, or heating.			

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO