

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-1302		Issue Date:		CBL: 132 G001001	
Location of Construction: 411 STEVENS AVE		Owner Name: LEWIS ELIZABETH M & BARRY J		Owner Address: 411 STEVENS AVE	
Business Name:		Contractor Name: Dasanio & Scala		Contractor Address: 18 Cottage Street Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Dwellings	
Past Use: Single Family Home		Proposed Use: Single Family Home - Fix & repair garage. Divide into a garage space and a hobby space		Zone:	
Proposed Project Description: Fix & repair garage. Divide into a garage space and a hobby space		Permit Fee: \$170.00		Cost of Work: \$15,000.00	
		CEO District: 5			
		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: ldobson		Date Applied For: 10/17/2007		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		Zoning Appeal	
		<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"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:		<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:	

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

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Business Name:	Contractor Name: Dasanio & Scala	Contractor Address: 18 Cottage Street Portland	Phone 2076711109
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Dept: Zoning	Status: Pending	Reviewer:	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>
Dept: Building	Status: Pending	Reviewer: Tom Markley	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO