

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

Permit No: 06-1404	Issue Date:	CBL: 293 A014001
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Location of Construction: 115 BISHOP ST	Owner Name: BJG LLC	Owner Address: 3 CONGRESSIONAL DR	Phone:
Business Name: Happy Tails	Contractor Name: Frank Billings/ Happy Tails	Contractor Address: 130 St. John St Portland	Phone 2078715959
Lessee/Buyer's Name Frank Billings	Phone: 207-871-5959	Permit Type: Alterations - Commercial	Zone:

Past Use: Commercial/	Proposed Use: Commercial/ Tenant fit-up for "Happy Tails"	Permit Fee: \$395.00	Cost of Work: \$30,000.00	CEO District: 5
Proposed Project Description: Tenant fit-up for "Happy Tails"		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: Idobson	Date Applied For: 09/22/2006	Zoning Approval		
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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"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	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	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:	Date:	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: 115 BISHOP ST	Owner Name: BJG LLC	Owner Address: 3 CONGRESSIONAL DR	Phone:
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Lessee/Buyer's Name Frank Billings	Phone: 207-871-5959	Permit Type: Alterations - Commercial	Zone:

Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 10/02/2006
Note: Original change of use permit 06-0799 with site plan exemption.			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits shall be required for any new signage.			
2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved with Conditions	Reviewer: Michael A. Collins	Approval Date: 10/19/2006
Note: Need more detail on kennel area construction and rating of "sleeping/bedroom room." MC			Ok to Issue: <input checked="" type="checkbox"/>
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 10/05/2006
Note:			Ok to Issue: <input type="checkbox"/>
1) Sprinkler system shall require a test certificate			
2) All means of egress shall continue to a public way			
3) A knox box shall be required			

Comments:
10/2/2006-amachado: Reduced plans on PDF

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT			PHO
		DATE	PHO