Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And

Notes, If Any, Attached		PERMIT
his is to certify that	SPURWINK SCHOOL /DM	Remode sting /MIN

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of buildings and str

epting this permit shall comply with all

tures, and of the application on file in

ences of the City of Portland regulating

has permission to _____ install bathroom in existing of et 1 - 4' 1 to be structed

m or d

AT __17_BISHOP_ST___

such information.

This is to certify that ___

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line

and grade if nature of work requires

ication inspec must n permis gi and wr n procu dina or b le this b t thereo nosed-in. la d or d R NOTICE IS REQUIRED.

ne and of the

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board_ Other _

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Main	ne - Buil	ding or Use	Permi	t Applicatio	n Permit I	No:	Issue Date	:	CBL:			
389 Congress Street, 04101 Tel: (207) 874-8703, Fax:									293 A016001			
Location of Construction: Owner Name:					Owner Address:				Phone:			
17 BISHOP ST SPURWINK		SCHOOL		899 RIVERSIDE ST								
Business Name:		Contractor Name: DMC Remodeling & Painting /MJN			Contractor	Contractor Address:						
					59 Sanford Drive Suite 3 Gorham				20787110	Phone 2078711080		
Lessee/Buyer's Name		Phone:			Permit Type:					Zone:		
					Institution	onal				1- N		
Past Use: Pro		Proposed Use:			Permit Fee: Cost of Work:			·k·	CEO District:			
		Institutional - Spurwink Adult Program - install bathroom in			\$70.00 \$5,000							
Institutional - Spurwink Adult Program					<u> </u>				PECTION:			
Trogram		existing closet 1 - 4' wall to be			Approved				e Group: B Type: 573			
		constructed			Denied			Osc Gr				
D ID CO					$+$ \wedge	/ /	/ `			7		
Proposed Project Description:	-14-1	At11 4- 1	nstructed					ے ا	gnature:			
install bathroom in existing	cioset i -	4 wan to be con										
						PEDESTRIAN ACTIVITIES DISTRICT				1 (P.A.D.)		
					Action:	Action: Approved Approved w				/Conditions Denied		
				Signature:					Date:			
Permit Taken By:	Date An	plied For:		_								
Idobson		/2007			4	Zoning	Approva	41				
			Sne	cial Zone or Revie	ws T	Zoni	ng Appeal		Historic Preservation			
 This permit application does not preclude the Applicant(s) from meeting applicable State as Federal Rules. 			; -		☐ Variance			Not in District or Landman				
		able State and										
2. Building permits do not include plumbing,				etland	Miscellaneous				Does Not Require Review			
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					Conditional Use Interpretation							
			[∐ Fle	ood Zone					Requires Review Approved			
			│	bdivision								
permit and stop an wor	к.,											
			Si	te Plan		_ Approve	ed		Approved w/	Conditions		
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•			Date:	11/20	Date	e:		D	ate:			
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- 19°												
			C	ERTIFICATI	ON							
I hereby certify that I am the	owner of	record of the na	med pro	perty, or that the	ne proposed	d work is	s authorized	by the	owner of recor	d and that		
I have been authorized by th												
jurisdiction. In addition, if a												
shall have the authority to ensuch permit.	ner an area	is covered by st	ion pern	iii ai any reasoi	iadie nour	to enforc	the provi	sion of	me code(s) ap	plicable to		
vaon pomini.												
	_											
SIGNATURE OF APPLICANT				ADDRES:	 S		DATE		РНО	NE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE