Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	F	Permit No:	Issue Dat	te:	CBL:		
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1119			295 G00	6001	
Location of Construction: Owner Name:				(Owi	Owner Address:			Phone:		
188 Warren Ave Morin Stepher				L &		332	2b Gray Rd					
			Contractor Nan	ie:		Con	tractor Address	s:		Phone		
			Tower Resource Management			30 Lyman St., Suite 12 Portland			617549280	00		
Less	see/Buyer's Name		Phone:			Permit Type:				l .	Zone:	
	•					Radio/Telecommunications Tower						
Past	t Use:		Proposed Use:		•	Permit Fee: Cost of Work:			ork:	CEO District:		
Uni	manned Tele com. Facility		-	ele Com. Facility - add six panel		\$336.00		\$35,0	00.00		5	
	·		antenna, . 2 outdoor equip. Cabinets		THE DEPT		Approved INSPECT					
								_	Use G		Type	
							L	Denied		_		
Pro	posed Project Description:											
	d six panel antenna, . 2 out	door eau	ip. Cabinets			Signature: Signatu			ure.			
	F	1	F			PEDESTRIAN ACTIVITIES DISTRIC						
						Act	tion: Appro	ved Ap	proved v	v/Condition	Denied	
						Signature:			Date:			
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval						
lde	obson	08/05	5/2004		Zonnig Approvai							
1.	This permit application of	does not	nreclude the	Spec	Special Zone or Review		vs Zoning Appeal			Historic Preservation		
1.	Applicant(s) from meeting Federal Rules.			☐ Sh	Shoreland		☐ Variance			☐ Not in District or Landm		
2.				☐ Wetland			Miscellaneous			☐ Does Not Require Revie		
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			☐ Flood Zon			☐ Conditional Us			Requires Review			
				Subdivision			☐ Interpretatio			☐ Approved		
				Site Plan			☐ Approved			Approved w/Condition		
			Maj Minor MM		☐ Denied			☐ Denied				
				Date:	Date:		Date:		Б	Date:		
I ha juris shal	reby certify that I am the over the context of the secondary of the second	owner to ermit fo	o make this appli r work described	med procession and the angle of the second s	as his authorized application is iss	ne pr l age sued,	ent and I agree to I certify that the	to conform he code offi	to all ap	oplicable laws of otherized repres	of this sentative	
SIC	SNATURE OF APPLICAN				ADDRES	2		DATI	7	D.	HO	
SIGNATURE OF AFFLICAN			ADDKE33		S DATE		_	РНО				

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:	Phone:	
188 Warren Ave	Morin Stephen L &	332b Gray Rd			
Business Name:	Contractor Name:	Contractor Address:	Phone	Phone	
	Tower Resource Management	30 Lyman St., Suite 12 Portland	6175492800		
Lessee/Buyer's Name	Phone:	Permit Type:		Zone:	
		Radio/Telecommunications Tower			

08/09/2004 Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** Ok to Issue: ✓ **Note:** 8/9/04 Given to Gayle to hook-up the site plan exemption form with the permit 8/10/04 G. Found exemption to put with permit Dept: **Status:** Approved with Conditions Mike Nugent **Approval Date:** 08/20/2004 Building **Reviewer:** Note: Ok to Issue: 1) Final inspection from a structural engineer is required prior to closure of this permit. Dept: Status: Approved Reviewer: Lt. MacDougal **Approval Date:** 08/11/2004 Fire Ok to Issue: Note:

Comments:

08/10/2004-gg: Site Exemption included with permit. /gg

08/19/2004-mjn: Left a message w/ James Burgess that we need: 1) Geotechnical Report, 2) Foundation plan based on that report and 3) Statement of Special Inspections.

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	РНО	
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO	