

Portland, Maine



Yes. Life's good here.

Permitting and Inspections Department
Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 457 Riverside Street

Tax Assessor's CBL: _____ Cost of Work: \$ 7,500.00

Chart # _____ Block # _____ Lot # _____

Proposed use (e.g., single-family, retail, restaurant, etc.): Medical Marijuana Grow Single Caregiver

Current use: _____ Past use, if currently vacant: Auto Repair

Commercial Multi-Family Residential One/Two Family Residential

Type of work (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Change of Ownership - Condo Conversion |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input checked="" type="checkbox"/> Change of Use |
| <input checked="" type="checkbox"/> Alteration | <input type="checkbox"/> Pool - Above Ground | <input type="checkbox"/> Change of Use - Home Occupation |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Pool - In Ground | <input type="checkbox"/> Radio/Telecommunications Equipment |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Radio/Telecommunications Tower |
| <input type="checkbox"/> Demolition - Structure | <input type="checkbox"/> Replacement Windows | <input type="checkbox"/> Tent/Stage |
| <input type="checkbox"/> Demolition - Interior | <input type="checkbox"/> Commercial Hood System | <input type="checkbox"/> Wind Tower |
| <input type="checkbox"/> Garage - Attached | <input type="checkbox"/> Tank Installation/Replacement | <input type="checkbox"/> Solar Energy Installation |
| <input type="checkbox"/> Garage - Detached | <input type="checkbox"/> Tank Removal | <input type="checkbox"/> Site Alteration |

Project description/scope of work (attach additional pages if needed):

We are taking the existing space and building temporary walls to create smaller rooms within the existing rooms, the purpose is for a single caregiver medical marijuana grow

Applicant Name: Richard Benton Phone: (603) 707-6743

Address: 457 Riverside Street Email: rbenton23@yahoo.com

Lessee/Owner Name (if different): Richard Benton Phone: () -

Address: _____ Email: _____

Contractor Name (if different): _____ Phone: () -

Address: _____ Email: _____

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: Richard Benton Date: 2/16/17

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.