

**City of Portland, Maine - Building or Use Permit**

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

Permit No: 06-0900	Date Applied For: 06/21/2006	CBL: 327 B007001
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Location of Construction: 1816 FOREST AVE	Owner Name: TOPWATER PROPERTIES LLC	Owner Address: 68 SUMMIT ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	

Proposed Use: Commercial/ Change of Use from residential Garage to Painting Business	Proposed Project Description: Change of Use from residential Garage to Painting Business
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Dept: Zoning      Status: Approved      Reviewer: Ann Machado      Approval Date: 06/22/2006  
 Note: Total Square footage of first & second floor is 1540s.f. Using 14-332(J) need one space for every 334 s.f. so Ok to Issue:   
 5 spaces are required; nine are shown.

Dept: Building      Status: Approved with Conditions      Reviewer: Mike Nugent      Approval Date: 06/30/2006  
 Note: Ok to Issue:   
 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.

Dept: Fire      Status: Approved with Conditions      Reviewer: Cptn Greg Cass      Approval Date: 06/29/2006  
 Note: Ok to Issue:   
 1) Flammable storage shall be in a listed and approved container[s]  
 2) One hour separation between uses and stairs required.

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Permit No: 06-0900  
 Issue Date: JUN 21 2006  
 BILL: 327 B007001

**PERMIT ISSUED**  
 JUN 21 2006  
 CITY OF PORTLAND

Location of Construction: 1816 FOREST AVE	Owner Name: TOPWATER PROPERTIES LLC	Owner Address: 68 SUMMIT ST	Phone:
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: B2

Past Use: Residential	Proposed Use: Commercial/ Change of Use from residential Garage to Painting Business - Van de Graaf Painting Co.	Permit Fee: \$105.00	Cost of Work: \$105.00	(CEODistrict): 5
Proposed Project Description: Change of Use from residential Garage to Painting Business		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: B Type: SB <i>6/20/06</i> Signature: <i>[Signature]</i>	
		Signature: <i>[Signature]</i>		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 06/21/2006	<b>Zoning Approval</b>	
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Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>Approved w/conditions</i> Date: <i>6/22/06</i> <i>[Signature]</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>ARM</i> Date: _____
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**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 APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_