

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

Permit No: 07-0127	Issue Date:	CBL: 329 A003001
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Location of Construction: 54 EVERGREEN DR	Owner Name: IMMUCELL CORPORATION	Owner Address: 56 EVERGREEN DR	Phone:
Business Name:	Contractor Name: Scott Arnold	Contractor Address: 263 Town Farm Rd New Gloucester	Phone 2078312991
Lessee/Buyer's Name	Phone:	Permit Type: Generator	Zone:

Past Use: Commercial / Office Warehouse - Immucell	Proposed Use: Commercial / Office Warehouse Install Pad and Generator	Permit Fee:	Cost of Work: \$16,000.00	CEO District: 5
Proposed Project Description: Install Pad and Generator		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: dmartin	Date Applied For: 02/06/2007	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landma
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Revie
<input type="checkbox"/> Flood Zon	<input type="checkbox"/> Conditional Us	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretatio	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Condition
Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<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

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 02/06/2007
Note: Section 14-252(a)(4)(b) exempts emergency devices from the maximum permissible sound levels. This generator is a emergency back up generator.			Ok to Issue: <input checked="" type="checkbox"/>
1) 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	Reviewer: Jeanine Bourke	Approval Date: 02/09/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Not Applicable	Reviewer: Cptn Greg Cass	Approval Date: 02/07/2007
Note:			Ok to Issue: <input type="checkbox"/>

Comments:
2/6/2007-amachado: Applied for site plan exemption 2/6/07.
2/9/2007-gg: received site plan exemption as of 2/9/07. Put with permit. /gg

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