

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2013-02675	Issue Date:	CBL: 329 B009001
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Location of Construction: 39 EVERGREEN DR - Suite 41	Owner Name: YOUNG ROBERT E ETALS TRUSTEES	Owner Address: ONE CANAL PLAZA STE 500 PORTLAND , ME 04101		Phone:
Business Name: Gowen Power Systems	Contractor Name: Frank Didonato fdidonatomasonry@hotmail.com	Contractor Address: 87 Skylark Road Portland ME 04103		Phone (207) 797-3098
Lessee/Buyer's Name Mark Anderson	Phone: (207) 773-1761	Permit Type: Change of Use - Commercial		Zone: IM
Past Use: Wholesale of trailers only	Proposed Use: Office & storage/warehouse for Gowen Power Systems	Permit Fee: \$70.00	Cost of Work: \$5,000.00	CEO District: 8
		INSPECTION: Use Group: S-2/B Type: 3B Storage - Generators/Compressors Business Mixed Use Separated Non Sprinkled Suite 41 MUBEC/IBC 2009 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Proposed Project Description: Change of use to warehouse & offices and install 12' wide overhead door in existing concrete block wall.				

Permit Taken By: bjs	Date Applied For: 12/05/2013	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, 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..		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"/> Date: _____	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 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 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 APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

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ADDRESS

DATE

PHONE

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DATE

PHONE