

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

Permit No: 04-1396	Issue Date:	CBL: 347 E013001
------------------------------	--------------------	----------------------------

Location of Construction: 1552 Washington Ave	Owner Name: Deluca Dominic A &	Owner Address: 1552 Washington Ave	Phone:
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family w/ open carport	Proposed Use: Single Family Home close in carport	CEO District: 5
FIRE DEPT:		INSPECTION:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Use Group: Type

Proposed Project Description:	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
<input type="checkbox"/> <input type="checkbox"/> Approved w/Condition <input type="checkbox"/>		

Date Applied For:	
--------------------------	--

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		Historic Preservation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not in District or Landma
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Does Not Require Revie
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved w/Condition
	Maj <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Location of Construction: 1552 Washington Ave	Owner Name: Deluca Dominic A &	Owner Address: 1552 Washington Ave	Phone:
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Dept: Zoning	Status: Approved	Reviewer: Mike Nugent	Approval Date: 09/21/2004
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Met w/ Marge..OK by her			
Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 09/21/2004
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) The interior door must be an 1 3/4 inch solid core wood or 1 3/4 inch solid or hoeycomb steel door. The wall must be covered with 1/2 Gypsum board to the underside of the roof sheathing (if there were windows this includes them!)			

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