

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

Permit No: 06-1706	Issue Date:	CBL: 116 A001001
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Location of Construction: 470 FOREST AVE	Owner Name: 470 FOREST AVENUE ASSOCIATE	Owner Address: 477 CONGRESS ST FL 5	Phone:
Business Name:	Contractor Name: n/ a	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone:

Past Use: Commercial - office	Proposed Use: Commercial Change of Use Office to Medical practice (suite 206/208)	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 2
Proposed Project Description: Change of Use Office to Medical practice		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: 11/22/2006	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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied 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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 470 FOREST AVE	Owner Name: 470 FOREST AVENUE ASSOCIATE	Owner Address: 477 CONGRESS ST FL 5	Phone:
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Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone:

Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 11/30/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 12/11/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Separate Permits shall be required for any new signage. 2) This is a Change of Use ONLY permit. It does NOT authorize any construction activities. 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
Dept: Fire	Status: Approved	Reviewer: Cptn Greg Cass	Approval Date: 11/29/2006
Note: BUSINESS USE	Ok to Issue: <input checked="" type="checkbox"/>		

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