

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

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Address/Location of Construction: 91	Auburn S	St Portland, ME 041	03	
Total Square Footage of Proposed Struc	ture:			
existing no change				
Tax Assessor's Chart, Block & Lot	Applicant	Name: Bill Hellmann	Telephone:	
Chart# Block# Lot#	Address		608-407-9081	
375 C001001	319 Elaine	s Ct	Email:	
	City, State &	& Zip		
	DÓdgevill	e WI 53533	Bill@permit.com	
Lessee/Owner Name : CVS Realty Co	Contractor Name: TBD		Cost Of Work:	
Tr.	(if different from Applicant)		\$_75,000.00	
Address:	Address:			
1 CVS Dr	201020-11000		C of O Fee: \$	
City, State & Zip:	City, State & Zip:		III D	
Woonsocket RI 02895			Historic Rev \$	
Telephone & E-mail:	Telephone	& E-mail:	Total Fees: \$	
401-765-1500 Neil.veccharielli@cvshealth.com			70.m. 2 eee 7 4	
Current use (i.e. single family) mercantile				
If vacant, what was the previous use?				
Proposed Specific use: no change to primary use (adding accessory use of Nurse practitioner)				
Is property part of a subdivision NO If yes, please name				
Project description:				
Interior remodel - Accessibility improvements to small sections of space , adding 2 small offices for				
Who should we contact when the permit is re	ady: Bill Helli	mann		
Address: 319 Elaines Ct				
City, State & Zip: Dodgeville, WI 53533				
E-mail Address: Bill@permit.com				
Telephone: 608-407-9081				

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: Bill Hellmann	Digitally signed by Bill Hellmann DN: cn=Bill Hellmann, o=State Permits Inc. ou, emal=Bill@permit com, c=US Date: 2015.07.15 16:39:38 -05'00'	_{Date:} 7/15/15
Signature: BIII Hellmann	email=Bill@permit.com, c=US	Date: 1/15/15