

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1302	Issue Date:	CBL: 392 A019001
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Location of Construction: 199 Hope Ave <i>Lot # 19</i>	Owner Name: Robinson Susan M	Owner Address: 33 Eastfield Rd	Phone: 415-7586
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Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
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Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	Zone: <i>R2</i>
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Past Use: Single Family	Proposed Use: Single Family w/amendment to permit # 03-0917 for a daylight basement	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 5
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Proposed Project Description: Amend permit # 03-0917 to add a daylight basement	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>BOCA 1999</i>
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Signature:	Signature: <i>JMB 9/2/04</i>
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Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: jmb	Date Applied For: 09/02/2004	Zoning Approval
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<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>JMB 9/2/04</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p>Date: <i>JMB</i></p>
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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 APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1302	Date Applied For: 0910212004	CBL: 392 A019001
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Location of Construction: 199 Hope Ave	Owner Name: Robinson Susan M	Owner Address: 33 Eastfield Rd	Phone: () 415-7586
Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	

Proposed Use: Single Family w/amendment to permit # 03-0917 for a daylight basement	Proposed Project Description: Amend permit # 03-0917 to add a daylight basement
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 09/02/2004

Note: **Ok to Issue:**

1) All conditions apply from the previously approved permit # 03-0917

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 09/02/2004

Note: **Ok to Issue:**

All Purpose Building Permit Application

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

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#	Lot#	Owner: <i>Susan M. Robinson</i>	Telephone: <i>207-415-7586</i>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <i>Joe Robinson 199 Hope Lane 207-797-7459</i>		Cost of Work: \$ <i>N/A</i> Fee: \$ <i>30.00</i>
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> \$ </div>			
Proposed use: _____			
Project description: <i>Amend Permit # 03-917 for Daylight Basement</i>			
Contractor's name, address & telephone: _____			
Who should we contact when the permit is ready: _____			
Mailing address: _____ 31201			
<p>We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop be Issued and a \$100.00 fee if any work starts before the permit is picked up, PHONE:</p>			

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 it have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of jurisdiction. In addition, a permit for work described in this application is issued, I certify that the Code Official's authorized representa shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applic to this permit.

Signature of applicant: <i>[Signature]</i>	Date: <i>10-3-04</i>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall