

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

Permit No: 04-0624	Issue Date:	CBL: 403 D001001
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Location of Construction: 333 Ray St	Owner Name: Sinclair Daniel C &	Owner Address: 333 Ray St	Phone: 797-9389
Business Name:	Contractor Name: Paul Corriveau	Contractor Address: Portland	Phone: 2078336738
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone:

Past Use: Single Family	Proposed Use: Single Family w/handicap accessible ramp	Permit Fee: \$39.00	Cost of Work: \$1,500.00	CEO District: 4
Proposed Project Description: Handicap accessible ramp in front		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: jmb	Date Applied For: 05/18/2004	Zoning Approval		
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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 Zon <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 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:
	Date:	Date:	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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 05/18/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit is approved with the condition that the required setbacks will be met, or an application for a Disability Variance shall be applied for within 30 days of the permit approval date. See the enclosed forms.			
2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.			
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 05/18/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit is approved based on the plans submitted and a phone discussion on 5/18/04 with Paul C. With added notes to the plans.			

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