Cit	y of Portland, Maine - Bu	ilding or Use Pe	ermit A	Appli	ication	P	ermit No:		sue Dat	e:	CBL:		
389	Congress Street, 04101 Tel	: (207) 874-8703,	Fax: (2	207) 8	374-8716		04-053	8			416A A0	003001	
Location of Construction: Owner Name:							Owner Address:				Phone:		
840 Ocean Ave Ocean Ridge R				ealty Llc			84 Ocean Ave						
Bus	iness Name:	Contractor Nam	ne:			Contractor Address:				Phone			
		Patrick Tinsma	Patrick Tinsman			91 Old Ocean House Rd. Cape Elizabet				et			
Less	see/Buyer's Name	Phone:	Phone:			Permit Type:				l			
											GEO D: 4 : 4	<u> </u>	
			it building: Units 10								CEO District:		
40	unit condominium project		it building: Units 19,					<u> </u>		4			
		20, 21, 22 01 40	0, 21, 22 of 46 unit project					Ap	proved	Use G	CTION:	Tuno	
							Dei	nied	Use G	roup:	Type		
_	posed Project Description:												
Co	nstruct Units 19, 20, 21, 22				<u> </u>				nature:				
						PEDESTRIAN ACTIVITIES DISTRIC				TRICT (T (P.A.D.)		
						Approve			proved w	ed w/Condition			
	<u> </u>												
1		e Applied For:											
kw			G								III'-4 ' - D	4	
1.	Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic			Special Zone or Revie							Historic Pres	ervation	
							□ Not in □			Not in Distri	ict or Landm		
2.											☐ Does Not Require Revie		
	or electrical work.												
3.	within six (6) months of the date of issuance.												
False information may invalidate a building permit and stop all work													
										Approved w/Condition			
			Maj MM								Ш		
				CERT	TFICATIO	N							
I he	reby certify that I am the owner	of record of the na	med pro	operty	, or that th	ne pro	oposed work	k is autl	horized	by the	owner of recor	d and that	
	ve been authorized by the owne												
	sdiction. In addition, if a permit												
	ll have the authority to enter all	areas covered by su	ich per	mit at	any reaso	nable	e hour to enf	force tl	he prov	ision of	f the code(s) ap	plicable	
to si	uch permit.												
SIG	SNATURE OF APPLICAN				ADDRESS	S			DATE	Ξ	P	НО	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

		Owner Name:		Owner Address:	Phone:		
840 Ocean Ave		Ocean Ridge Realty Llc Contractor Name:		84 Ocean Ave			
Susiness Name:				Contractor Address:	Phone		
		Patrick Tinsman		91 Old Ocean House Ro	l. Cape Elizabet		
essee/Buyer's Name		Phone:		Permit Type:			
Dept:	Status:	Approved	Reviewer:	Marge Schmuckal	Approval Date	e: 05/	17/2004
Note:						Ok to Issue	: ~
Dept: Building	Status:	Approved	Reviewer:	Mike Nugent	Approval Date	e: 05/	27/2004
Note:					•	Ok to Issue	:
Dept: Fire	Status:	Approved with Conditions	Reviewer:	Lt. MacDougal	Approval Date	e: 05/	17/2004
Note:						Ok to Issue	:
1) the structures shall ha	ave a sprink	ler system installed in accord	lance with N	FPA 13 R standards			

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO