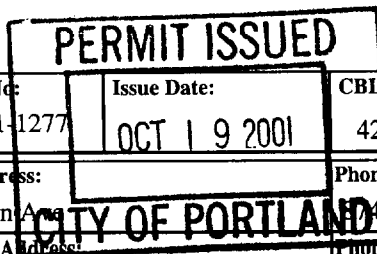


City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-1277	Issue Date: OCT 19 2001	CBL: 424 A003001
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Location of Construction: 693 Ocean Ave	Owner Name: Giguere Marc A	Owner Address: 693 Ocean Ave	Phone: 704 0604
Business Name:	Contractor Name: Hunter, Don	Contractor Address: Sanford	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-5

Past Use: single family	Proposed Use: single family with 3rd floor family room	Permit Fee: \$60.00	Cost of Work: \$6,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R3 Type: SB BOCA 1999	

Proposed Project Description: finish 3rd floor for family room	Signature: T Minson
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied N/A	
Signature:	Date:

Permit Taken By: dgc	Date Applied For: 10/19/2001	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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 10/19/01	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: 10/19/01	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 10/19/01
	OK	N/A	

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

All Purpose 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.

Location/Address of Construction: <u>693 Ocean Ave. Portland, ME 04103</u>		
Total Square Footage of Proposed Structure <u>850 sq Ft</u>	Square Footage of Lot <u>3200 sq Ft</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>424</u> Block# <u>A</u> Lot# <u>3</u>	Owner: <u>Marc Giguere</u>	Telephone: <u>874-0604</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Marc Giguere</u> <u>693 Ocean Ave</u> <u>Portland, ME 04103</u> <u>874-0604</u>	Cost Of Work: \$ <u>6,000.-</u> Fee: \$ <u>60.00</u>
Current use: <u>Home</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Home</u>		
Project description: <u>Finish 3rd Floor into the family room</u>		
Contractor's name, address & telephone: <u>Don Huntere Sanford, ME</u>		
Who should we contact when the permit is ready: <u>Marc Giguere</u>		
Mailing address: <u>Above Address</u>		
Phone: _____		

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.

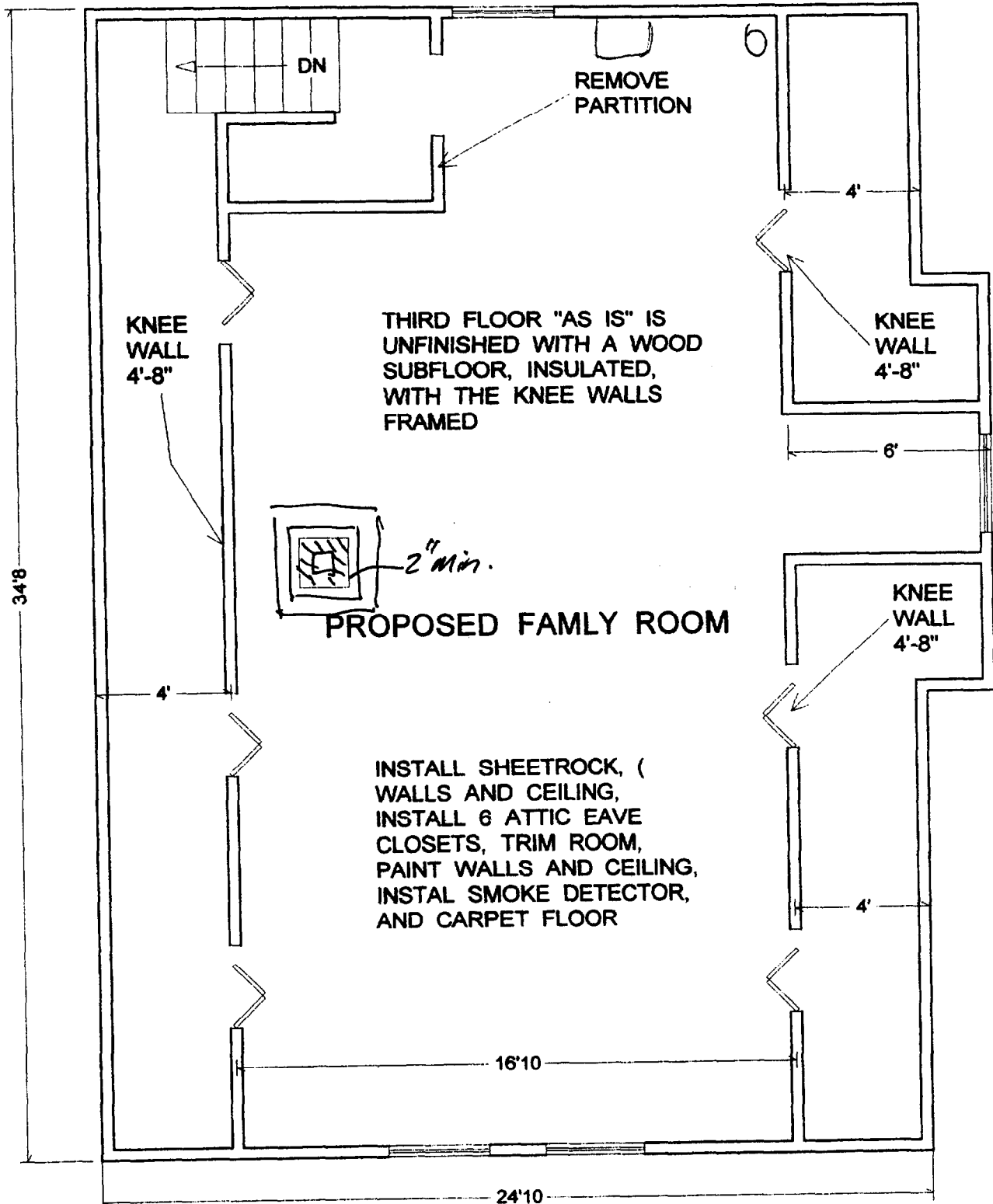
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Signature of applicant: <u>Marc Giguere</u>	Date: <u>10-19-01</u>
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This is not a permit, you may not commence ANY work until the permit is issued

43070
R-5

EXHIBIT "C" THIRD FLOOR PLAN



DUPLICATE

GENERAL RECEIPT

CITY OF PORTLAND, MAINE

DEPARTMENT Inspection DATE _____
RECEIVED FROM Maria A. Triguero
ADDRESS 693 Ocean

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
	<u>Permit Fee</u>		<u>60.00</u>
	<u>Check # 41</u>		
	<u>C.B.L. 424</u>	<u>4003</u>	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> OTHER	TOTAL <u>60.00</u>

RECEIVED BY [Signature]