

Building or
389 Congress Street, 04101 Tel: (207) 874

Permit No:	05-1778	Issue Date:	PERMIT ISSUED	CBL:	065 D003001
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Location of Construction: 98 GILMAN ST	Owner Name: SHARON HOUSE INC	Owner Address: PO BOX 560	Phone:
Business Name:	Contractor Name: TBD	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Multi Family	Zone: R-5

Past Use:	Proposed Use: Multi-Family- new 24 unit apartment building w/ underground parking	Permit Fee: \$24,396.00	Cost of Work: \$2,700,000.00	CEO District: 2
Proposed Project Description: Multi-Family- new 24 unit apartment building w/ underground parking		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See conditions	INSPECTION: Use Group: S/R2 Type: 5A 2/2/06 Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 12/07/2005	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 N/A <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone Panel 13 Zone C <input checked="" type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan #2005-0179 <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM Date: 1/18/06	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:	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:
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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 _____