

General 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.

Chart# Block# Lot# Address 207 3139468 U31 H00 00 Address 20 Address 207 3139468 Lessee/Owner Name: (if different than applicant) Address: 46 Highland Rd Cottractor Name: (if different than applicant) Address: 46 Highland Rd City, State & Zip: City, State & Zip: Brons wich ME 0401 Historic Rev \$ Telephone 207 776 3927 Total Fees: \$ E-mail: Current use (i.e. single family) Polex If vacant, what was the previous use? Proposed Specific use: Sinter Nestidence Is property part of a subdivision? NO If yes, please name Project description: Move witchen to the other side of the existing Spece and add new full bath. Who should we contact when the permit is ready: Paren Meiner E-mail Address: 1/6 Highland Rd City, State & Zip: Bronswich Me 94011 E-mail Address: 1/10 1/23 0 Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial. order to be sure the City fully understands the full scope of the project, the Planning and Development partment may request additional information prior to the issuance of a permit. For further information or to wulload copies of this form and other applications visit the Inspections Division on-line at pp://www.portlandmaine.gov/754/Applications-Fees or stop by the Inspections Division office, room 315 City	Address/Location of Construction:	9 Kensinetm St. Por	turns 04103
Contractor Name: (if different than applicant) Address: City, State & Zip: Corrector Name: (if different from Applicant) Address: 1/6 High kand Rd Cof O Fee: \$ City, State & Zip: City, State & Zip: Correct use (i.e. single family) Telephone Correct use (i.e. single family) Proposed Specific use: Since Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed Specific use: Since Correct use (i.e. single family) Proposed work and that I have been authorized by the owner to make this application as his/her authorizes the opposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The correct use of the propical of the correct of the propication is sisued, I certify that the Code Official's authorized representative shall have the authority to enter a last covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.	Total Square Footage of Proposed Struc	cture:	72
Lessee/Owner Name: (if different than applicant) Address: City, State & Zip: City, State & Zip: City, State & Zip: City, State & Zip: Telephone E-mail: Current use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: SiMe Net Chen to the other side of the project description: Move Kitchen to the other side of the Moshald we contact when the permit is ready: Who should we contact when the permit is ready: Proposed Specific use: SiMe Net Chen to the other side of the Moshald we contact when the permit is ready: Project description: Move Kitchen to the other side of the Moshald we contact when the permit is ready: Project description: Moshald we contact when the permit is ready: Proposed Specific use: SiMe Net Chen to the other side of the City, State & Zip: Bronder Rd Who should we contact when the permit is ready: Proposed Specific use: SiMe Net Chen to the other side of the City, State & Zip: Bronder Rd Coff Fee: \$ Total Fees: \$ Lemail: City, State & Zip: Project description: Move Kitchen Project description: Address: Line 133@ Comusting Project description: Total Fees: \$ Total Fee		Address Konsinstan St.	267 3139468
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E-mail: filing 130 comustined Current use (i.e. single family) Proposed Specific use: Single Maidence Is property part of a subdivision? No If yes, please name Project description: Move Witchen to the other side of the existing spece and add new fill bath. Who should we contact when the permit is ready: Proposed & Zip: Brunswick Mee o 4011 E-mail Address: I fine 1330 comust net Telephone: O7 776 3972 Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial. order to be sure the City fully understands the full scope of the project, the Planning and Development expartment may request additional information prior to the issuance of a permit. For further information or to winload copies of this form and other applications visit the Inspections Division on-line at p://www.portlandmaine.gov/754/Applications-Fees or stop by the Inspections Division office, room 315 City all or call 874-8703. Proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized the prosed work and that I have been authorized by the owner to make this application as his/her authorized the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I		Brunswich ME 04011	
If vacant, what was the previous use? Proposed Specific use: Sittle Middle. Is property part of a subdivision? NO If yes, please name Project description: Move Witchen to the other side of the existing space and add new full bath. Who should we contact when the permit is ready: Davien Mills bath. Who should we contact when the permit is ready: Davien Mills bath. City, State & Zip: Bourswick Me 04011 E-mail Address: fline 123 @ comest incet Telephone: 207 776 3922 Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial. order to be sure the City fully understands the full scope of the project, the Planning and Development exartment may request additional information prior to the issuance of a permit. For further information or to wilload copies of this form and other applications visit the Inspections Division on-line at pi//www.portlandmaine.gov/754/Applications-Fees or stop by the Inspections Division office, room 315 City all or call 874-8703. hereby certify that I am the Owner of record of the named property, or that the owner of record authorized the project work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. The proposed work and that I have been authorized by the owner to make this appl	E-mail:	E-mail: filing 123@ comus	Fortal Fees:\$
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epartment may request additional information prior to the issuance of a permit. For further information or to whole copies of this form and other applications visit the Inspections Division on-line at p://www.portlandmaine.gov/754/Applications-Fees or stop by the Inspections Division office, room 315 City all or call 874-8703. Thereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the oposed work and that I have been authorized by the owner to make this application as his/her authorized agent. There is the conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this plication is issued, I certify that the Code Official's authorized representative shall have the authority to enter all the codes applicable to this permit.	Telephone: 207 776 39 Please submit all of the information	noutlined on the applicable checklis	t. Failure to do so
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Signature: Austin Carpbell Date: June 18, 2015	nereby certify that I am the Owner of recoposed work and that I have been authorized to conform to all applicable laws of plication is issued, I certify that the Code cas covered by this permit at any reasonable.	zed by the owner to make this application f this jurisdiction. In addition, if a perme Official's authorized representative shall le hour to enforce the provisions of the cod	as his/her authorized agent. nit for work described in thi have the authority to enter al
	Signature: Ausum CAmpbe	Date: Jun	c 18,2015