## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued: Contractor Name: Address: Phone: COST OF WORK: Past Use: Proposed Use: PERMIT FEE: 6 the second of the second of FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: 1.3 Type: 5/2 Zones R-6 CBL: 1700499 Signature: Signature: Zoning Approval: 16 /may/2K Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (MA.D.) Approved Action: Special Zone or Reviews: 化二甲基酚磺胺 医内膜切迹 医电影 医二十二 Approved with Conditions: ☐ Shoreland Denied □Wetland □ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation and a market and a market a m □ Not in District or Landmark □ Does Not Require Review PERMIT ISSUED □ Requires Review WITH REQUIREMENTS Action: CERTIFICATION □ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

## **COMMENTS**

6-22-00 Close in inspection - skylights ok, Framing of The Proposed
10-22-00 Close in inspection - skylights ok, Framing ok, The proposed Now well for walk in closet will not be built, (2) 2x10 hargers  for New window. Egress opening doesn't recet required 24" verbeal
for New window. Egress opening doesn't recet regulard 24" verbeal
spin unless the vain gutter is removed and the counter bulance is adjusted
to open and hold at The maximum lifted height. Its for phothed minimum after on collar has for phothed minimum
6-22-00 w/ Been Checked for additional supports in Athe on collar hes for petential universe
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2/9/07- all work completed + JAN Code requiriments  Jan M  Jan M
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inspection Record		
Туре	Date	
Foundation:		
Framing:		
Plumbing:	<u> </u>	
Final:		
Other:		