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

Location of Construction: 15 0'Brion St	Owner: Linda Mansfield	/Sandy Falsey	Phone:	4–5129	Permit 9º8 1 1	74
Owner Address: 499 Ocean Ave Ptld 04103	Lessee/Buyer's Name:	Phone:	Business		PERMIT IS	SUED
ontractor Name: Address: 499 Ocean Ave Ptld 04103		Phone: 774-5129			Pernit Issued:	1000
Past Use: Proposed Use:		COST OF WORK \$ 10,000	COST OF WORK: PER \$ 10,000 \$		0CT 3	1998
Vacant Garage	3 Bay Garage	FIRE DEPT.	Approved denied	INSPECTION: Use Group: 4 Type: 5 & Signature:	CITY OF POR	RILAND 8-12-072/ 18-013
Proposed Project Description:				S DISTRICT (PAD.)	Zoning/Approval:	R 12/01
Garage rebuild, new roof, add rebuild in place one wall at a	Action: Approved Approved with Conditions: Denied			Special Zone o	r Reviews:	
AMENDMENT TO BUILDING PERMIT 9	80188	Signature:		Date:	☐ Flood Zone ☐ Subdivision	
Permit Taken By: SP	Date Applied For: Oct	ober 1, 1998			☐ Site Plan maj ☐ Zoning A	
 This permit application does not preclude the Building permits do not include plumbing, se Building permits are void if work is not starte tion may invalidate a building permit and sto 	eptic or electrical work. d within six (6) months of the date of issu				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied Historic Pres □ Not in District of □ Does Not Requi □ Requires Review	servation r Landmark ire Review
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 provisions of the code(s) applicable to such permit					Action: Approved Approved with Conditions Denied Date:	
CICNATURE OF ADDITION OF	ADDRESS:	October 2, 1	.998 	PHONE:	_	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		FRUNE:		
Linda Mansfield RESPONSIBLE PERSON IN CHARGE OF WOR	K TITI F			PHONE:	-	ì
REGIONGIBLE I ERSON IN CHARGE OF WOR	om D.D.W. Dink Dul	alia Fila I	riche.	CEO DISTRICT		