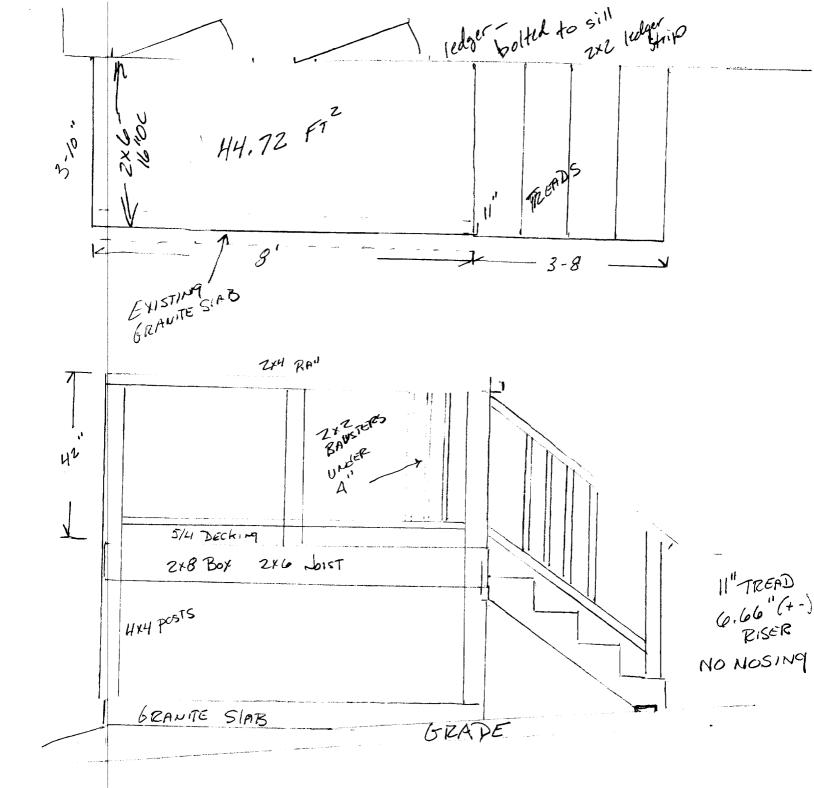
					PERMIT IS	SUE		
City of Portl	and, Maine - Buil	ding or Use	Permit Applicatio	n Pe	rn it No Issue Dat	e:	CBL:	1.1
			3, Fax: (207) 874-871			2001	003 NO)1001
58 Wilson St	Location of Construction: Owner Name: Williams Cliffe		ford A &		r Addres:		Phone:	
Business Name: Contractor Name				Contr	CITY OF POR	TLA	874-1140	x347
		Daniels Construction Services		18 Paige Dr. Gorham			none	
Lessee/Buyer's Na	me	Phone:	The second services		Permit Type:		2078397971 Zone:	
		İ		1	erations - Multi Family			R-6
Past Use:	ast Use: Proposed Use:			Permit Fee: Cost of Work:			CEO District:	7
3 unit building		3 unit building with new front stairs		"		400.00	1	
				FIRE	DEPT: Approved		ECTION:	
					Approved Denied	١,, ۵	. 1	Type:
					Deined	/	30ca 9	N
					11/1	L	Joea 9	9
Proposed Project I	-]	NI			,
replace front stairs				Signat		Signat	\ ' - /	
				PEDE	STRIAN ACTIVITIES DIS	TRICT	(P.A.D.)	
				Action	n: 🗌 Approved 🔲 Ap	proved	//Conditions	Denied
				Signat	hure:	15	Date:	
Permit Taken By:	Date Ap	plied For:		l organia			Date.	
dgc	_	/2001		Zoning Approval				
1. This permi	t application does not	oreclude the	Special Zone or Revie	ws	Zoning Appeal		Historic Prese	rvation
Applicant(s) from meeting applicable Sta			Shoreland	Variance			Not in District or Landma	
Federal Ru	les.				, variance		V Not in District	. Of Landina
	 Building permits do not include plumbing, septic of electrical work. 		Wetland W in	☐ Miscellaneous			Does Not Require Review	
3. Building pe	Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone Conditional Use			Requires Review	
False information may invalidate a building permit and stop all work			Subdivision 40		☐ Interpretation		Approved	
			Site Plan		Approved		Approved w/C	onditions
			Maj Minor MM		Denied		☐ Denied	,
			Date:		Date:		Date: ///5/01 VC	
I hereby certify t	hat I am the owner of i	ecord of the na	CERTIFICATION MEDICATION CERTIFICATION CERTI	e prop	osed work is authorized	l by the	owner of record	l and that
jurisdiction. In a	iddition, if a permit for	make this appli work described	cation as his authorized in the application is is	l agent sued T	and I agree to conform certify that the code of our to enforce the provi	to all a	pplicable laws o	f this
SIGNATURE OF A	PPLICANT		ADDRESS		DATE	1	PHON	E
RESPONSIRI E PE	RSON IN CHARGE OF W	ADV Trees to						
	OI TIME OF WE	JNN, IIILE			DATE	í	PHON	E

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: 58	Wilson	u 37							
Total Square Footage of Proposed Structu	ire	Square Footage of Lot							
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 003- N 20)	PIFFE CATHY AMS		Telephone: 874-1740 x 347					
Lessee/Buyer's Name (If Applicable)		name, address &: ! UNSTRUCTION SCREP! \$- DIZ GURHAM! 5-1241	Cost Wor	k: \$ 1400					
Current use: STEPS									
If the location is currently vacant, what was prior use:									
Approximately how long has it been vacant:									
Proposed use: STEPS									
Project description: REPLACE FRO	CNT STE	PS		:					
Contractor's name, address & telephone:		S RUST SERV. IN GE DE GURHAM	41	151241					
Who should we contact when the permit Mailing address:	is ready:	Joe-							
ividiii ig dadiess.									
			Phor	ne:					
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 APROVE THIS PERMIT. I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable									
Signature of applicant:	Di	Date: ///	(W)	(u)					
		117	•/						

This is not a permit, you may not commence ANY work until the permit is issued



Cliff & KATHY Williams 58 Wilson ST

