Location of Construction:	Owner:		Phone:	Permit Not
17 Hammond Street	Robin S. Lakin		772-7987	PERMIT ISSUED
Owner Address:	Leasee/Buyer's Name:	Phone:	BusinessName:	And the subject in the or a subject balance in the sub-subject and
Contractor Name:	Address:	Phone	961115	PeNOW Issued996
Contractor Name.	Address.	Filone		100 100 1000
Past Use:	Proposed Use:	COST OF WORK		CITY OF PORTLAND
Single fam dwelling	Same w/daycare for up to	$\overrightarrow{\mathbf{FIRE DEPT.}} \square A$	\$ 50.00 fee Approved INSPECTION:	
Dingie fam dweiting	12 children		Denied Use Group: Type	a .
			DOCATA	Zone: CBL:
		Signature:	Signature:	R-5 12-E-5
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)				
			Approved	Special Zone or Reviews:
Conditional Use Appeal Approved with Conditions:				□ □ Shoreland per Apper/
		L	Jemeu	U U Wetland ' (' D Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:			Site Plan maj 🗆 minor 🗆 mm 🗆
Vicki Dover	9/5/9	96		Zoning Appeal
 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. 				 Miscellaneous Conditional Use Interpretation Approved Denied
Mail	APPEAL SUSTA: 9/19	196	UNREN EN	Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review
APPEAL SUSTA: <u>9/19/96</u> Mail # 25 Change of use fee pd n/4/96 - creck #466 CERTIFICATION				Action:
CERTIFICATION				Appoved
Thereby certify that I am the owner of record of the named property, of that the proposed work is autorized 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 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				Date:
	$\land \land$			
Sendel Blick	we	9/5/96		IT FOC DA
SIGNATURE OF APPLICANT Wendell Bic	ADDRESS:	<u>9/5/96</u> DATE:	PHONE:	MOU. DII
for Robin Lak:	in			
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				$m \mid m \mid 1 \mid n \mid r$
		-	, - P	" WING

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