## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 19 Anderson Street Phone: Permit No: 3rd Ploor Mariah Es Caughan 842-9249 Owner Address: Lessee/Buver's Name: Phone: BusinessName: SAA Contractor Name: Address: Phone: 25 True St. Ptld, ME 04103 James P. Smith **JUN | 8** 1999 COST OF WORK: Past Use: PERMIT FEE: Proposed Use: \$ 1,200 \$ 25.00 3-Pamily FIRE DEPT. □ Approved INSPECTION: Use Group: Type: 💆 ☐ Denied Zone: CBL: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews Skylight replacement to meet egress requirements. Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: UB Date Applied For: 6-16-99 **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied Call for Pick Up: Historic Preservation Not in District or Landmark □ Does Not Require Review PFRMIT ISSUED ☐ Requires Review WITH REQUIREMENTS Action: CERTIFICATION □Appoved 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 ☐ Approved with Conditions 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, □ Denied 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 June 16, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

**CEO DISTRICT**