

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

Location of Construction: 24 Hammond St		Owner: MacPherson, Martha & Sapphire		Phone:		Permit No: <div style="font-size: 2em; font-weight: bold;">980352</div> <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;"> APR 13 1998 </div> </div>	
Owner Address: SAA Ptd, ME 04101		Lessee/Buyer's Name:		Phone: 772-9536			Business Name:
Contractor Name:		Address:		Phone:			
Past Use: 2-fam		Proposed Use: Same		COST OF WORK: \$ 8,800.00 PERMIT FEE: \$ 65.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group 43 Type: 54 Signature: [Signature]			CITY OF PORTLAND Zone: CBL: 012-B-008
Proposed Project Description: Interior Renovations - 3rd floor				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Greik		Date Applied For: 09 April 1998				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

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

09 April 1998

SIGNATURE OF APPLICANT Sapphire MacPherson 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



COMMENTS

4/98 Inspected walls on 3rd floor
addig bathroom, Met with plumber Steve
Ciazzo, did rough in also. OK
Mudig

3/15/99 Completed. OK

[Signature]

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

**Additional Plans or Technical
Submissions may not be shown in this
format.**

**If you wish to see additional information,
Please ask the support staff.**