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 3rd Floor Mariah E. Gaughan Phone: 842-9249			Permit No 9 9 0 6 3 6	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
SAA				
Contractor Name:	Address: Phone:			Permit Issued:
James P. Smith	25 True St. Ptld, ME 04103			
Past Use:	Proposed Use:	COST OF WORK	Į.	JUN 1 8 (999)
		\$ 1,200	\$ 25.00	
3-Family	Same	FIRE DEPT. □ A	approved INSPECTION:	
		□ D	enied Use Group: R-21	ype:59
			BOCA96	Zone: CBL: 013-D-008
		Signature:	Signature:	
Proposed Project Description:		PEDESTRIAN AC	CTIVITIES DISTRICT (P.)	Zoning Approval: 3 mits of
	Action: A	$ \mathcal{O}_{\mathcal{O}} $	Per 3/99 Per mt Special Zone or Reviews:	
Skylight replacement to meet egres	Approved with Conditions:		□ □ Shoreland 2/ □	
		D	enied	□ □ Wetland
				□ Flood Zone (1774)
		Signature:	Date:	☐ Subdivision
Permit Taken By: UB	Date Applied For:	6-16-99		☐ Site Plan maj ☐minor ☐mm ☐
				Zoning Annual
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				Zoning Appeal ☐ 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
tion may invalidate a building permit and stop all work				□Approved
				☐ Denied
	Call for	Pick Up: James Sm	ith 773-1950	Clintonia D
PERMIT ISSUED				Historic Preservation
				☐ Mot in District or Landmark ☐ Does Not Require Review
				☐ Requires Review
				= 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				
authorized by the owner to make this application a				
if a permit for work described in the application is				
areas covered by such permit at any reasonable ho	our to enforce the provisions of the c	ode(s) applicable to such p	permit	Date:
		June 16, 199	9	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
DECRONGIDI E DEDCON IN CILADOE OF WORL	/ TITLE		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK	X, IIILE		rnune:	CEO DISTRICT