City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 108 Cumberland Avenue Ralph & Donna Lamb 775-2066 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: same Address: Phone: Contractor Name: self APR 2 7 1998 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: 45.00 5.000 FIRE DEPT. Approved INSPECTION: single-car garage ice cream take-out ☐ Denied Use Group: Type: Zone: CBL: (seasonal) Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: □ Shoreland Denied to change use from garage to ice cream take-out □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Judy Laplante 4/21/98 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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 **Historic Preservation** Call for PU 775266, Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review 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 to make this application as his authorized agent and I agree to conform to all applicable laws of this gurisdiction. In addition, ☐ Approved with Conditions □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: 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