Location of Construction:Owner:57 Merrill St.BarbaraRand			Phone:		Permit No: 9 80 4 69
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	PERMIT ISSUED
same					
Contractor Name:	Address:	Ph	one: XXX		Pernit Issued:
Belfast Co.	Corey Road, Cumbe				MAY - 8 1998
Past Use:	Proposed Use:	¢		PERMIT FEE:	
		\$ 3,000		\$ _35.00	CITY OF PORTLAND
l-fam	l-fam	FIRE DEPT.		INSPECTION:	GIT OF FURTLAND
		l E	Denied	Use Group: Type:	Zamari CDL
					Zener CBL:
Proposed Project Description:		Signature:		Signature: S DISTRICT (P.A.D.)	
roposed roject Description.					
		Action:	Approved		□ Special Zone or Reviews: □ □ Shoreland (Mut un)
replace existing porch		Approved v			
			Denied		
		Signature:		Date:	□ Flood Zone 🦻 // / 90 □ Subdivision
Permit Taken By:	Date Applied For:			Date	☐ Site Plan maj ⊡minor ⊡mm ⊡
Judy Laplante 4/29/98					
					Zoning Appeal
1. 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.					
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					
tion may invalidate a building permit and stop all work.					
	I				Denied
			MATH RE	AIT ISSUED QUIREMENTS	Historic Preservation Mot in District or Landmark Does Not Require Review Requires Review Action:
	CERTIFICATI	ON			
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 ap	plication as his authorized agent and I ag	ree to conform to all applic	able laws of th	is jurisdiction. In additi	on, Denied
if a permit for work described in the app	lication is issued, I certify that the code o	official's authorized represen	tative shall ha	ve the authority to enter	all Data FAL 90
areas covered by such permit at any rea	sonable hour to enforce the provisions of	the code(s) applicable to su	ch permit		" Date:
	see pre-application	4/29/98			\sim
SIGNATURE OF APPLICANT	see pre-application ADDRESS:	DATE:		PHONE:	<u>//) /]</u>
					~ r
RESPONSIBLE PERSON IN CHARGE	OF WORK, TITLE			PHONE:	
	White-Permit Desk Green-Assessor	's Canary–D.P.W. Pink–	Public File	lvory Card–Inspector	
					m.w)

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 574-8703, FAX: 874-8716