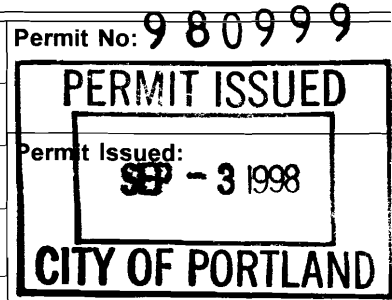


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 44 Howard St		Owner: Larochelle, Lynn & Ric		Phone: 773-0340	
Owner Address: SAA 04101		Lessee/Buyer's Name:		Phone:	
Contractor Name: Rent-A-Husband/Lavign Excavating		Address:		Phone:	
Past Use: 2-fam		Proposed Use: Same		COST OF WORK: \$ 9,000.00	
				PERMIT FEE: \$ 65.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group <i>R-3</i> Type: <i>5B</i> <i>DOCA 98</i>	
Proposed Project Description: Install new frostwall & Second Floor		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Date:	
Permit Taken By: MG		Date Applied For: 01 September 1998			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
		Signature:			



Zone: *R-3* CBL: 014-E-012

Zoning Approval: *2 units ok per*
of w/ conditions 1st st
Special Zone or Reviews:
 Shoreland *9/2/98*
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

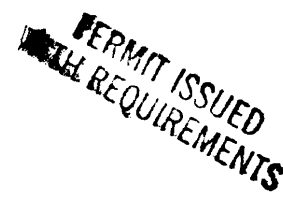
Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*



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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 02 September 1998 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT 1

ARIDC