City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: * 772**–**8799 Waldo & Marie Trott 27 Merrill Street, 04101 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 27 Merrill Street, 04101 Permit Issued: Contractor Name: Address: Phone: OWNER COST OF WORK: Past Use: Proposed Use: PERMIT FEE: MAY 12 200.00 30.00 SAME Single Family Dwelling FIRE DEPT. Approved INSPECTION: Demo Use Group: 4 Type: ☐ Denied CBL: BOC 999 Zgne; 014-F-003Signature: Signature: Proposed Project Description: Zoning Approval PEDESTRIAN ACTIVITIES DISTRICT (PAND.) Action: Approved Special Zone or Reviews Approved with Conditions: ☐ Shoreland Remove existing shed. Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: NC 5-10-2000NW 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 ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** Mot in District or Landmark ☐ Does Not Require Review ☐ Requires Review WITH REQUIREMENTS Call 772-8799 for P/U. 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 ☐ Approved with Conditions 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, □ 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 Date areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 5-10-2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: WITH REQUIREMENTS RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector