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: Bradford Post 761-9424 **20 Emerson St Pt1d 04101 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Phone: Address: BEC 1 5 1002 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 30.00 1,500 same **FIRE DEPT.** □ Approved INSPECTION: Use Group: Type: 5 ? ☐ Denied 2-16-00 73 Zone: / CBL: MOCA 96 014-J-012 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Replace roof on garage, add 2nd story for storage Special Zone or Reviews Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: December 11, 1998 SP **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 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 of record and that I have been ☐ Approved with Conditions ☐ Denied 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 December 11, 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

PHONE:

Ic File Ivory Card-Inspector

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE