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

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Location of Construction: 74 Wilson St.	Owner: Mary Ann Benr	netti	Phone:	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	001040
74 Wilson St. Contractor Name: KRG Contracting	Address: P.O. box 943, Raymond	Phone: ME 04071 842-0157		Permit Issued:
Past Use:	Proposed Use:	COST OF WORK \$8,000.00	PERMIT FEE: \$72.00	SEP 1 8 2000
Multi Family	Same		enied Use Group A. A. Type: BOO A99_1 N	Zone: CBL : 016-C-001
Proposed Project Description:		Signature: PEDESTRIAN A	Signature: 7475 e	
Remove 2 doorways, remove plaster/replace withdrywall Action: Approved with Conditions:				□ Special Zone or Reviews:
Permit Taken By: Gay1e	Date Applied For:	September 15.	September 15, 2000 GG	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
*** Call Kevin @ 264-7965 PERMIT ISSUED				Historic Preservation INot in District or Landmark Does Not Require Review Requires Review
WITH REQUIREMENTS				Action:
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				ion, Denied
September 15, 2000				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	PERMIT ISSUED
RESPONSIBLE PERSON IN CHARGE OF V	VORK, TITLE		PHONE:	WITH REQUIREMENTS 1 CEO DISTRICT
Whit	e–Permit Desk Green–Assessor's C	anary–D.P.W. Pink–Pul	blic File Ivory Card-Inspector	

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