City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: 774-4487 Location of Construction: Owner: Permit No: 25 Monument St Robert Marrow Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: *** J & MC Contractors Address: 52 Old Lisbon Rd Topsham ME 04086 Phone: *** AUG 2 2 2000 COST OF WORK: Past Use: Proposed Use: PERMIT FEE: **SMXK**XX**M** 4,500 \$54.00 FIRE DEPT. Approved INSPECTION: 3 family same Use Group: A Type: 5/2 ☐ Denied Zone; CBL: 130C A 99 | 016-D-009 4500 Signature: Signature: / Proposed Project Description: Zoning Approval: 34 PEDESTRIAN ACTIVITIES DISTRICT (PIALD.) Action: Approved Special Zone of Review Approved with Conditions: ☐ Shoreland Ø remove 3rd floor skylite and replace dormer Denied □ Wetland ☐ Flood Zone Signature: Date: ☐ Subdivision ← ☐ Site Plan mai ☐m Permit Taken By: Date Applied For: K Aug 17 2000 K **Zoning Appea** □ 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 PERMIT ISSUED WITH REQUIREMENTS □ 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 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 Aug 17 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: WIT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector