

COMMENTS

10/8/97 checked framing & window headers
 + plumbing relocating tub. OK to close in
 10/9/98 completed. *Marking*

016-D-001

97-0173

Inspection Record

Type

Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____

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

Location of Construction: 91 St. Lawrence St		Owner: Hilltop Housing		Phone:		Permit No: 971073 <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED OCT - 8 1997 CITY OF PORTLAND </div>	
Owner Address: P.O. Box 10152 Portland, ME		Lessee/Buyer's Name: 04104		Phone:			Permit Issued: OCT - 8 1997 CITY OF PORTLAND
Contractor Name: t c Renovations		Address: P.O. Box 7491 Portland, ME 04112		Phone: 773-8335			
Past Use: 4-fam		Proposed Use: Same		COST OF WORK: \$ 5,000.00 PERMIT FEE: \$ 45.00			
Proposed Project Description: Construct Dormer		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: Type: Signature:		Zone: <i>R-6</i> CBL: 016-D-011 Zoning Approval: <i>4 units ok</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>9/30/97</i> <input type="checkbox"/> Wetland <i>with conditions</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:					
Permit Taken By: Mary Gresik		Date Applied For: 22 September 1997					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

PERMIT ISSUED WITH REQUIREMENTS

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 *[Signature]* Tom Gross ADDRESS: DATE: 22 September 1997 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

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: 9/24/97

CEO DISTRICT

