Location of Construction: Owner: Phone: Permit No: ** 7 Gilbert Lane(1 St. Lawrence Place) Judith Coronios *** 772-0002 001134 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Same Permit Issued: Contractor Name: Phone: Address: Owner **COST OF WORK: OC**1 1 Proposed Use: PERMIT FEE: Past Use: \$ 0 \$ 30.00 Single Family Single Family w/Home Occ. FIRE DEPT. Approved **INSPECTION:** Massage Therapy Use Group - 3 Type 5/2 □ Denied CBL: Zone: oc.A9U 0d-(016-E-018 Signature: onature. Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved Massage Therapy Home Occupation Special Zone or Approved with Conditions: □ Shoreland Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: Date Applied For: GD □ Site Plan maj □minor □mm □ Permit Taken By: Gayle October 2,2000 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Interpretation □ Approved tion may invalidate a building permit and stop all work.. Denied Historic Preservation Definition of Landmark 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 Does Not Require Review **Requires** Review Action: 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 October 2,2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 1 **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

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