

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

Location of Construction: 35 St Lawrence St		Owner: Braceras, Andrew		Phone:	Permit No 970236
Owner Address:		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name: Peter Raszmann		Address: 169 Clinton St Ptd, ME 04103		Phone: 775-5141	
Past Use: 2-fam		Proposed Use: Same		COST OF WORK: \$ 2,200.00	PERMIT FEE: \$ 30.00
Proposed Project Description: Rebuild internal stairwell		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: 5B	
		Signature:		Signature: <i>Huffman</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: _____ Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 20 March 1997			

PERMIT ISSUED
MAR 24 1997
CITY OF PORTLAND

Zone: *R-2* CBL: 016-F-014
 Zoning Approval: *2 units of per micro block*
OK 3/21/97
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: *3/21/97*
J. Andrews

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

Peter Raszmann
 SIGNATURE OF APPLICANT **Peter Raszmann** ADDRESS: **169 Clinton St.** DATE: **20 March 1997** PHONE: **775-5141**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

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

CEO DISTRICT 1
m. Wings