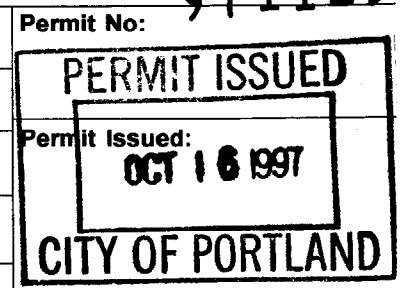


971129

| | | | | | |
|--|--|---|--|---|--|
| Location of Construction: 68 St Lawrence St | | Owner: Simpson, William | | Phone: | |
| Owner Address: P.O. Box 641 Freeport, ME | | Lessee/Buyer's Name: 04032 | | Phone: | |
| Contractor Name: SAA | | Address: | | Phone: | |
| Past Use: 10-fam | | Proposed Use: Same | | COST OF WORK: \$ 4,000.00 | |
| | | | | PERMIT FEE: \$ 40.00 | |
| | | | | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | | INSPECTION: Use Group: R-2 Type: 579 COCA 96 Signature: <i>[Signature]</i> | |
| Proposed Project Description: Construct Widows Walk | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | |
| | | Signature: <i>[Signature]</i> | | Date: | |



Zone: R-10 CBL: 016-H-005
 Zoning Approval: *10 units ok per microcode*
 Special Zone or Reviews:
 Shoreland *with conditions*
 Wetland
 Flood Zone *10/14/97*
 Subdivision
 Site Plan maj minor mm

Permit Taken By: Mary Gresik Date Applied For: 07 October 1997

- 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..



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: *William R. Simpson* ADDRESS: DATE: 07 October 1997 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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: *10/9/97*
DVA

CEO DISTRICT *1*
m w

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

| | | | | | | | | | |
|--|--|--|--|--|--------|--|--|--|--|
| Location of Construction: 68 St Lawrence St | | Owner: Bill Simpson | | Phone: | | Permit No 971050 <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: SEP 30 1997 CITY OF PORTLAND </div> | | | |
| Owner Address: P.O. Box 641 Freeport, ME | | Lessee/Buyer's Name: 04032 | | Phone: 865-6600 | | | Business Name: X13 | | |
| Contractor Name: SAA | | Address: | | | Phone: | | | | |
| Past Use: 10-fam | | Proposed Use: Same | | COST OF WORK: \$ 22,500.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> | | | PERMIT FEE: \$ 135.00 INSPECTION: Use Group: R2 Type: 5B Signature: <i>[Signature]</i> | | |
| Proposed Project Description: General Rehab/Interior Reconstruct Exterior porches/addition to same | | | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____ | | | | Zone: E-6 CBL: 016-H-005 <i>EB</i> Zoning Approval: 10 units <i>per</i> <i>microtiche</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>H-43B</i> <input type="checkbox"/> Flood Zone <i>of</i> <input type="checkbox"/> Subdivision <i>with conditions</i> <input type="checkbox"/> Site Plan <i>major</i> <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> 9/25/97 Zoning Appeal | |
| Permit Taken By: Mary Gresik | | Date Applied For: 12 Septmeber 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

William P. Simpson
 SIGNATURE OF APPLICANT Bill Simpson ADDRESS: _____ DATE: 12 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

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *9/16/97*

[Signature]
 CEO DISTRICT 1
m. Wins