

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

Location of Construction: 113 Franklin Street 04101		Owner: E.L. Sawyer Realty		Phone: 708-6579	Permit No: 90515
Owner Address: P.O. Box 7215 Portland, ME 04112		Lessee/Buyer's Name: ACORN Square		Phone:	
Contractor Name: E.L. Sawyer Realty, Co.		Address: SAF.		Phone:	Permit Issued: Zone: CBL: 1-1-B-000 Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <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"/>
Past Use: Residential	Proposed Use: Semi	COST OF WORK: \$ 1,000	PERMIT FEE: \$ 30.00	FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Proposed Project Description: Repair wooden rear porch.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____
Permit Taken By: GE		Date Applied For: 5-18-99			

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

5-17-99

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ 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

CEO DISTRICT

