City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: kknas Steve Doten ***163 Cumberland Ave. 04101 841-6655 Lessee/Buyer's Name: Phone: BusinessName: Owner Address: Steven Doten 32 Low Tide Rd, Freeport 04052 Permit Issued: 04032 Phone: Contractor Name: Address: OWNOT MAY 1.5 2000 Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$4700 54.00 FIRE DEPT. Approved INSPECTION: Use Group R.2. Type: 50 3 unit apartment SARA ☐ Denied Zone: CBL: BOCA99 _ Signature: Proposed Project Description: Zoning Approval: 🤧 🏎 🤙 🦠 PEDESTRIAN ACTIVITIES DISTRICT (P/A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: Remove emisting stairs and build to code ☐ Shoreland Denied ☐ Wetland 🥨 □ Flood Zone 7/1 · 3 Signature: Date: ☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 5/11/60 Zoning Appeal ☐ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation tion may invalidate a building permit and stop all work.. ☐ Approved □ Denied Historic Preservation Not in District or Landmark PERMIT ISSUED WITH REQUIREMENTS Does Not Require Review ☐ Requires Review Action: CERTIFICATION □ Appoved 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 ☐ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: 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