## 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: Permit No: Don Surrette 37 Smith Street Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Address: Phone: \*\*James Gaudet Metro Masonry 18 Harvey St. Portland, ME 04102 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: \$ 8,500 \$ 78.00 4-Unit Multi-Family Same **FIRE DEPT.** □ Approved INSPECTION: Use Group A 2 Type 5 ☐ Denied CBL: 022-L-014 Signature: tunits ik per Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Replace 20 x 9' foundation in front of house. Action: Approved Approved with Conditions: Denied ☐ Wetland ☐ Flood Zone ☐ Subdivision Ø Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: 8-24-99 UB Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work... \*\*\*Send To: James Gaudet □ Denied Metro Masonry 18 Harvey Street Historic Preservation Portland, ME 04102 Not in District or Landmark Does Not Require Review PERMIT ISSUED WITH REQUIREMENTS ☐ Requires Review Action: CERTIFICATION □Appoved ☐ Approved with Conditions 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, □ 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 8-24-99 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 ub