## 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:
4 Course & William	And Carl Constant of		î	21-1-4-2	981144
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	
off 2 alog, Pass Storack 1 Car is Pl					PERMIT ISSUED
Contractor Name:	Address:		Phone:	4	
Past Use:	Proposed Use:	COST OF		PERMIT FEE:	
Tast Use.		\$ 1.,		\$ 40.00	001 1 10001
2 - 1 . M . 1 . 2 .	la atten	FIRE DEF	<b>T. D</b> Approved	INSPECTION:	
				Use Group: Type:	CITY OF PORTLAND
					Zone: CBL: CBL:
		Signature:		Signature:	
Proposed Project Description:		PEDESTR	IAN ACTIVITIE	CS DISTRICT (P.A.D.)	Zoning Approval:
		Action:	Approved		Special Zone or Reviews:
her rouse/back-rills toundation				with Conditions:	□ □ Shoreland
			Denied		U Wetland
		Signature:		Date:	□ Flood Zone □ Subdivision
Permit Taken By:	Date Applied For:	Signature.		Date	☐ Site Plan maj □minor □mm □
Termit Taken By:		19-1-92			
					── Zoning Appeal
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.					□ 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
			41.	Pr.	
			(1)	PERMIT ISSUED H REQUIREMENTS	Historic Preservation
				MEDI SS.	□ Not in District or Landmark
				VIPE ED	□Does Not Require Review □Requires Review
				MEAN	
				in s	Action:
	CEDEUDICATION				
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					en DApproved with Conditions
authorized by the owner to make this application a					
if a permit for work described in the application is					
areas covered by such permit at any reasonable ho		-			Date:
	-		-		
	services and the services of t				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
Sec. S. S. Star					
RESPONSIBLE PERSON IN CHARGE OF WORK	K. TITLE			PHONE:	
White-Per	rmit Desk Green–Assessor's Can	ary–D.P.W. P	ink-Public File	lvory Card-Inspector	

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COMMENTS

11/12/99 OK GA \_\_\_\_\_ **Inspection Record** 0216-B-001 90-1144 Туре Date Foundation: Framing: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Final: \_\_\_\_\_ Other: \_\_\_\_\_