Location of Construction:	Owner:			Phone:		Permit No: 99038 4
203 Oxford St.	October COrp.			77	2-6544	990386
Owner Address: 540 Congress St. 04107	Lessee/Buyer's Name: City of Portland	Phone:		Busines	ssName:	
Contractor Name: CIty of Portland	Address: 196 Lancaster St.	Phone:				Permit Issued: 1000ED
Past Use:	Proposed Use:	COST OF \$ 1000	WORK:		PERMIT FEE: \$ 25	APR 3 0 1999
Vacant Lot	Tool Sheed	FIRE DEP			INSPECTION:	CITY OF PORTLAND
AdjAcent to					Use Group: 4 Type: 54 BOCA96	Zone; CBL:
Proposed Project Description:	Next door - Acussory use	Signature:	111		Signature: Auffal	Zoning Approval:
rioposed rioject Description.		Action:		proved	ES DISTRICT (f.f.)	6
8 x 10 woodframe building on site. No foundation or slab			-	-	with Conditions:	Special Zone of Reviews: V
			-	nied		
					_	
		Signature:	_		Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By: SP	Date Applied For: 20 Ap	oril 1999				
						Zoning Appeal □ Variance
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-						
tion may invalidate a building permit and stop all work						□ Approved □ Denied
				•		
				WITH DE	MITISSUED	Historic Preservation
****Call for pick up 775-7911 ext 254						Does Not Require Review
						□Requires Review
						Action:
	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						Date:
areas covered by such permit at any reasonable ho	our to enforce the provisions of the code(s) applicable t	o such pe	ermit		
SIGNATURE OF APPLICANT	ADDRESS: 20	April 19 DATE:	99		PHONE:	_
SIONALUKE OF AFFLICANT	ADDRESS.	DALC:			I HUNE.	
					DUONE.	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:		
White-Pe	rmit Desk Green–Assessor's Canar	y–D.P.W. Pi	nk–Publi	c File	Ivory Card–Inspector	

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