

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

Location of Construction: 25 Cedar St.		Owner: Rosemarie Wheeler		Phone: 879-9543	
Owner Address: 211 Cumberland Avenue		Lessee/Buyer's Name:		Phone:	
Contractor Name: self & friend		Address:		Phone:	
Past Use: 1-family		Proposed Use: 1-family		COST OF WORK: \$ 100	
				PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
				Signature: _____	
				Signature: _____	
Proposed Project Description: replace 12-ft wall				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: Judy Laplante		Date Applied For: 4/27/98			

Permit No: 980423

**PERMIT ISSUED**

APR 29 1998

**CITY OF PORTLAND**

Zone: CBL: 026 C 001

Zoning Approval: \_\_\_\_\_

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan major  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT

COMMENTS

4/30/98

This is a belated permit. Owner has improperly constructed wall and has been told to remove it, and reconstruct it properly.

5/19/99 Completed. AC

98-0432

026-C-001

Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____