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: 00412
<u>57 Chestnut St.</u> 04101			N/A	000-3-
Owner Address:	Lessee/Buyer's Name: Clif	f Phone:	BusinessName:	
_N/A	City of Portland March			Permit Issued:
Contractor Name:	Address: 227 Virginia St	Address: 227 Virginia St. 04102 Phone:		
David Dipietro		COST OF WORK:	: PERMIT FEE:	
Past Use: Shelter	Proposed Use:			
		\$ 700.00	\$ Waived	
	Same	FIRE DEPT. DApp		n
		🗆 Den	ied Use Group \mathcal{R} - \mathcal{R} Type: 5 BOC \mathcal{P} 99-1 0/	Zone:, CBL:
		Signature: VYn		0.026 - F - 0.01
Proposed Project Description:			TVITIES DISTRICT (P.A.D.)	Zoning Approval: The canada
				of with onaite
	Replace Stairsand Platform on			Special Zone or Reviews:
	front of building	Der		□ □ Shoreland □ □ Wetland
			neu	□ Flood Zone S/ S €
		Signature:	Date:	
Permit Taken By:	Date Applied For:			□ Site Plan maj □minor □mm □
NW/GD GD May 2,2000				
				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 permi	t and stop all work			
· · · · ·				🗆 Denied
	*****P	*****Please Call When Ready		
797–9531				Historic Preservation
				Does Not Require Review
				□ Requires Review
			PERMIT ISS	
CERTIFICATION WITH REQUIREM				
I hareby certify that I am the owner of rec	ord of the named property, or that the proposed v	vork is authorized by the o	wher of record and that I have be	en DApproved with Conditions
	blication as his authorized agent and I agree to co			
	ication is issued, I certify that the code official's			
	onable hour to enforce the provisions of the cod			Date:
a cas covered by such permit a any reas		V TI TITLE TO SEEM PO		
		May 2,2000		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
SIGNATORE OF THE ELEVINE		~		
		_		
RESPONSIBLE PERSON IN CHARGE (OF WORK, TITLE		PHONE:	CEO DISTRICT 1
				WITH REALIZEMENIS
L. L	White–Permit Desk Green–Assessor's Car	iary-D.P.W. Pink-Public	c File livory Card-Inspector	k ⊾