

Location of Construction: <b>Stone St.</b>		Owner: <b>Bayside Housing Associates LP</b>	Phone: <b>772-3225</b>	Permit No: <b>001315</b>
Owner Address: <b>Berman Associates, 1 India St. Portland, ME 04101</b>		Lessee/Buyer's Name: <b>Portland, ME 04101</b>	Phone:	BusinessName:
Contractor Name: <b>Benchmark</b>		Address: <b>650 Main St., So. Portland</b>		Permit Issued: <b>NOV 16 2000</b>
Past Use: <b>Vacant</b>		Proposed Use: <b>Multi Family</b>	COST OF WORK: <b>\$1,300,000.00</b>	PERMIT FEE: <b>\$WAIVERED per Mark A.</b>
			FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
Proposed Project Description: <b>33 Unit Multi Family Housing -- 23 built per assessing</b> <b>23 Units - 6 Stone St 26 F002</b> <b>10 Units - 255 Cumberland Ave 26-H-006</b>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zone: <b>R-7</b> CBL: <b>032-E-017</b>
Permit Taken By: <b>Gayle</b>		Date Applied For: <b>October 6, 2000 GG</b>		

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.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

**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: **October 6, 2000** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

NOV 16 2000  
26-H-006  
26-F-002  
Zone: **R-7** CBL: **032-E-017**  
Zoning Approval: **12/00**  
Special Zone or Reviews:  
 Shoreland **N/A**  
 Wetland  
 Flood Zone **Panel 13**  
 Subdivision  
 Site Plan major  minor  mm   
**#2090095**  
**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  
**CEO DISTRICT**