Location of Construction: Owner: Phone: Permit No: 428 Fore St. Brenda Nicholas 000580 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 42 Chamberland Ave. Jeff Fagan Permit Issued: Address: Contractor Name: Phone: ** S.F. Flynn Co. ** PO Box 2353 West Scarborough 04074 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: office office \$ 11,350 96.00 \$ FIRE DEPT. Approved **INSPECTION:** Use Group: B Type: 33 □ Denied Zone BOCATA CBL: -ttHN-7 B-3 032-R-001 Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P (**D**.) Approved Action: П Special Zone or Review Approved with Conditions: □ Shoreland interior renovations Denied П □ Wetland □ Flood Zone □ Subdivision Signature: Date: Site Plan maj Dminor Dmm D Permit Taken By: Date Applied For: KA May 26, 2000 JF Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. tion may invalidate a building permit and stop all work.. □ Denied PERMITISSUED WITH REQUIREMENTS **Historic Preservation** □ Not in District or Landmark Does Not Require Review □ Requires Review 01 Action: Work regu CERTIFICATION □ Appoved Sep Jizto Fo □ Approved with Conditions 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 Denied 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 hour to enforce the provisions of the code(s) applicable to such permit <u>May 26, 2000</u> ADDRESS: PHONE: SIGNATURE OF APPLICANT PERMIT ISSU WITH REQUI **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE:

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector