

Location of Construction: 32 Alder Street		Owner: Earl Hodgkins		Phone: 772-4817	
Owner Address: 17 Codman St. Portland 04101		Lessee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use: 5 unit building		Proposed Use: 2 unit building		COST OF WORK: \$ 20,000.00	
				PERMIT FEE: \$ 120.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type: <i>BCA 96/1</i>	
Proposed Project Description: Change use reducing number of units as per plans		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: <i>[Signature]</i>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Date:	
Permit Taken By: Vicki Dover		Date Applied For: 4/29/97			

Permit No: **970405**

ISSUED

Permit Issued:
MAY - 5 1997

CITY OF PORTLAND

Zone: *B-2* CBL: 33-C-21

Zoning Approval: *US 3 R-2 for Residential*

Special Zone or Reviews:

Shoreland *2 units only*

Wetland *3rd floor to*

Flood Zone *Remain*

Subdivision *VACANT until*

Site Plan *major minor imm*

approved by separate

permitted Zoning Appeals

Variance *OK*

Miscellaneous *4/30/97*

Conditional Use

Interpretation

Approved

Denied

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..

~~XXXX~~ Call E. Hodgkins @ 772-4817 for P/U

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

Earl Hodgkins
SIGNATURE OF APPLICANT Earl Hodgkins

17 Codman St., Portland 04101 772-4817 4/29/97
ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: *4/29/97*

D. Anderson

CEO DISTRICT **5**

D. Jordan

