Permit No: 99060 5 Location of Construction: Owner: Phone: 64101 Gally 172-4817 Carl & Letitin Modgatus * 32 Alder St Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 344 Pr10 04101 Permit Issued Phone: Contractor Name: Address: COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: **JUN 1 0 1999** \$ 25.90 1/A \$ Sadist 3-Unit **INSPECTION:** FIRE DEPT. Approved \sim Use Group: PAType: 512 □ Denied Zone: CBL: BOC & 96_1 033-0-021 8-2 Signature: 7 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved Proctical Difficulty Variance Special Zone or Reviews: Approved with Conditions: Change at Use Tunit to 3-unit □ Shoreland Denied Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: 8-4-49 SP Zoning Appeal El Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous 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 Approved tion may invalidate a building permit and stop all work.. Denied Proceical Difficulty - \$50.00 **Historic Preservation** DNot in District or Landmark Building Permit \$25.00 PERMIT ISSUED Does Not Require Review fotal paid to date \$75.00 □ Requires Review WITH REOUIREMENTS Action: CERTIFICATION □ 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 0-4-99 SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: CEO DISTRICT

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

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