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

Location of Construction: 363 Cumberland Ave.	tion of Construction: 3 Cumberland Ave. •*Roger Passmore		Phone:	***773-2132	Permit No:
Owner Address: 5 Brookside Dr. Cumberland, ME	Lessee/Buyer's Name:	Phone:	Phone: BusinessName:		99.0779
Contractor Name:	Address:	Phone:		Permit Issued:	
Past Use:	Proposed Use:	COST OF \$	WORK:	PERMIT FEE: \$30.00	− ∠3 <i>× ×</i>
Illegal four unit apartment	legal four unit apartment	FIRE DEP	T. LApproved	INSPECTION: Use Group: R-XType: 5/3	Zone: CBL:033_1_018
Proposed Project Description:		Signature:	17-11-7 11-11-7	Signature: Hoffac	Zoning Approval:
Legalize four unit apartment			PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved Approved with Conditions: Implement Denied Implement		Special Zone or Reviews:
Permit Taken By: Kathy	Date Applied For: 07/19/	Signature: 99 NW		Date:	□Subdivision □Site Plan maj □minor □mm □ ▶○₽★↓ ↓ ↓ ∠ q
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 					□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied Historic Preservation
	****Please Call Roger	Passmore	773-2132 wł	nen permit is ready	I Does Not Require Review ☐ Does Not Require Review . ☐ Requires Review
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable I	as his authorized agent and I agree to conf s issued, I certify that the code official's au	form to all app thorized repre	d by the owner of plicable laws of the esentative shall ha	nis jurisdiction. In addition,	Denied
		07/20/99			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:	CEO DISTRICT 2
White-F	ermit Desk Green–Assessor's Canar	y–D.P.W. Pi	nk–Public File	Ivory Card-Inspector	