City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: Lessee/Buyer's Name: Phone: Owner Address: BusinessName: Contractor Name: Address: Phone: ration, Charles Co. Page 1 1614 NOV 1 8 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: **FIRE DEPT.** □ Approved INSPECTION: 1 1; * ... Use Group 33 Type: 55 ☐ Denied CBL: Zone: BOC4961 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (Action: Approved Special Zone or Reviews: Approved with Conditions: □Shoreland William Construct I-story wood frame addition (14 : 10) Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 1 IN NOVEMBER 1996 Zoning Appeal □Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 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 Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved □ 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 10 hotenawr 1595 ADDRESS: SIGNATURE OF APPLICANT DATE: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

| COMMENTS | |
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| 11-30-98 Tulked to Bo Pike the Builder about For Det in Bed Room Interconeted with one in Ha | 3 res windows, Sunke |
| Det in Bed Room Interconeted with one in Ha | Il way , askedhim to |
| - call For Footer insp. (TR). | |
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| 1/3/01 New permit taken out i | or applite this |
| - john | |
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| Туре | Inspection Record Date |
| Foundation: | |
| Framing | |

Plumbing: _____
Final: _____
Other: ____