

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

Location of Construction: 11-13 Grant Street		Owner: **Bill Simpson		Phone: 865-6678		Permit No: 991148	
Owner Address: **P.O. Box 641, Freeport, ME 04032		Lessee/Buyer's Name: N/A		Phone: SAA		BusinessName: N/A	
Contractor Name: Owner		Address: SAA		Phone: SAA		Permit Issued: OCT 21 1999	
Past Use: Multi-Unit (9)		Proposed Use: Same		COST OF WORK: \$ 30,000		PERMIT FEE: \$ 204.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>A2</i> Type <i>5B</i> <i>BOCA 96</i>	
Proposed Project Description: Install fire doors and replace all windows.		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zone: <i>R-2</i> CBL: 036-D-016	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> <i>to re zone</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>9 units</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>OK</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: UB		Date Applied For: 10-15-99		Signature: _____ Date: _____		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> 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..

Please Send: Bill Simpson
P.O. Box 641
Freeport, ME 04032

**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

SIGNATURE OF APPLICANT	ADDRESS:	DATE: 10-15-99	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

**PERMIT ISSUED
WITH REQUIREMENTS 2**
CEO DISTRICT
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