City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: ***273 State Street 04101 **Joan Finch & Julie Dipietrantonio 775-0224 000235 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Same Permit Issued: Phone: Contractor Name: Address: Atlantic Automatic Sprinklers Washington St. Auburn, ME 783-7075 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: MAR 2 \$ 102.00 \$13,000.00 Bed & Breakfast With 2 Unit Bed & Breakfast W/1 Unit FIRE DEPT. Approved INSPECTION: Use Group: Rd Type: 38 ☐ Denied CBL: 036-E-002 1tun ワ Signature: Signature: Zoning Approv Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved Change Of Use With Construction Special Zone or Revie Approved with Conditions: □ Shoreland Denied \Box □ Wetland Bed & Breakfast With 2 Units To ☐ Flood Zone B&B with 1 Owners Unit □ Subdivision Signature: Date: Mo Site Plan maj ⊡minor ⊡mm □ Date Applied For: Permit Taken By: Exemption 1/26/00 GD GD March 22,2000 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miacellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use □ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☑ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** PERMIT ISSUED WITH REQUIREMENTS □ 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 March 22,2000 DATE: PHONE: ADDRESS: SIGNATURE OF APPLICANT CHOT DISTRICHRAMENIS RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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