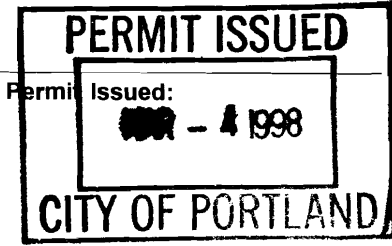


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Permit No: **980173**

Location of Construction: 236 High St		Owner: Simpson, William		Phone: 775-4132	
Owner Address: P.O. Box 641 Freeport, ME		Lessee/Buyer's Name: 04032		BusinessName:	
Contractor Name: SAA		Address:		Phone:	
Past Use: 6-fam		Proposed Use: Same		COST OF WORK: \$ 20,000.00 PERMIT FEE: \$ 120.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <i>[Signature]</i> Date:	
Proposed Project Description: General Rehab - No use or structural Changes				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:	
Permit Taken By: Mary Gresik		Date Applied For: 23 February 1998			



Zone: *R-6* CBL: 036-E-010
 Zoning Approval: *limits of permit fee*
Special Zone or Reviews!
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *2/23/98*
[Signature]

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

William P. Simpson
 SIGNATURE OF APPLICANT William Simpson ADDRESS: DATE: 23 February 1998 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

CEO DISTRICT **5**
D. Jordan

PERMIT ISSUED WITH REQUIREMENTS