

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

980174

Location of Construction: 232 High St		Owner: Simpson, William		Phone: 775-4132	
Owner Address: P.O. Box 641 Freeport, ME 04032		Lessee/Buyer's Name:		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 #2 Type: <i>FB</i>	
				Signature: <i>W.S.</i>	
				Signature: <i>[Signature]</i>	
Proposed Project Description: General Rehab - No use or structural changes		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Permit Taken By: Mary Gresik		Date Applied For: 23 February 1998		Signature: _____ Date: _____	

Permit No: **980174**

**PERMIT ISSUED**

Permit Issued:  
**MAR - 4 1998**

**CITY OF PORTLAND**

Zone: *R-6* CBL: 036-E-011

Zoning Approval: *6 units ok per microfiche*

Special Zone or Reviews: *with conditions 2/25/98*

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*

*DA*

CEO DISTRICT **5**

*D. Jordan*

**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

*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