

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

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|---|--|--|--|---|--|---------------------------------|--|
| Location of Construction: 32 Sherman St. | | Owner: *** W.A. Preston | | Phone: ***879-7764 | | Permit No: | |
| Owner Address: 32 Sherman St., Portland, ME 04101 | | Lessee/Buyer's Name: | | Phone: | | BusinessName: | |
| Contractor Name: John W. Leadbetter | | Address: | | Phone: | | | |
| Past Use: Single Family | | Proposed Use: Single Family | | COST OF WORK: \$ 2,000.00 | | PERMIT FEE: \$42.00 | |
| | | | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type: | |
| | | | | Signature: | | Signature: | |
| Proposed Project Description: Replace existing porch with the same | | | | 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: Gayle | | Date Applied For: October 26, 2000 GG | | | | | |

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..

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

October 26, 2000

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ 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

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| Permit Issued: | |
| Zone: | CBL: 036-F-003 |
| Zoning Approval: | |
| Special Zone or Reviews: | |
| <input type="checkbox"/> Shoreland | |
| <input type="checkbox"/> Wetland | |
| <input type="checkbox"/> Flood Zone | |
| <input type="checkbox"/> Subdivision | |
| <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> | |
| 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 | |
| Historic Preservation | |
| <input type="checkbox"/> Not in District or Landmark | |
| <input type="checkbox"/> Does Not Require Review | |
| <input type="checkbox"/> Requires Review | |
| Action: | |
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Approved with Conditions | |
| <input type="checkbox"/> Denied | |
| Date: _____ | |
| CEO DISTRICT | |
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