## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No:

Location of Construction:	Owner:	Phone:		Permit No:
137 Park St (Unit #2) Widdows, Joh				1000091
Owner Address:	Lessee/Buyer's Name:	Phone: Business	Name:	RMIT ISSUED
Contractor Name:	Address:	Phone:	<del></del>	Permit Issued:
John T. Olsen	271 Ray St Ptld, ME	04103 797–9424		crn i liggo
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	FEB I I 10,29
	•	\$ 2,500.00	\$ 35.00	
l-fam (Townhouse)	Same	FIRE DEPT. □ Approved	INSPECTION: CIT	Y OF PORTLAND
		☐ Denied	Use Group: Type:	
		G:	C'	Zone: CBL: 039-A-014
Proposed Project Description:		Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: 1 fam
		Action: Approved		
	1	Approved with Conditions:		
Make Interior Renovation	1			
				□ Wetland Flood Zone
		Signature:	Date:	□ Subdivision No Z Sepavh
Permit Taken By: Mary Gresik	Date Applied For:	03 February 1998		☐ Site Plan maj ☐minor ☐mar ☐
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				☐ Miscellaneous
				☐ Conditional Use☐ Interpretation
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				☐ Approved
tion may invalidate a building permit and st	sp an work			□ Denied
				Historic Preservation
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,				□ Not in District or Landmark
				☐ Does Not Require Review
				Requires Review
				Action: + All ally fry
				Extern albrahut
				□Appoved SMKUD
				☐ Approved with Conditions
				Denied Signature
if a permit for work described in the application i			e the authority to enter all	Date: 7/5/98 \ Parison
areas covered by such permit at any reasonable h	our to enforce the provisions of the co-	de(s) applicable to such permit		7770
1/-				, ,
Will Oliver 03 February 1998				$\frac{1}{2}$
SIGNATURE OF APPLICANT John Olsen	ADDRESS:	DATE:	PHONE:	<del></del>
DESPONSIBLE DEPOSITION OF THE STATE OF THE S	NV TOUTE E		DUONE	
RESPONSIBLE PERSON IN CHARGE OF WOR	RK, TITLE		PHONE:	CEO DISTRICT
White-P	ermit Desk Green–Assessor's Ca	nary-D.P.W. Pink-Public File	vory Card-Inspector	۸ اے