


| | | | | | | |
|---|--|--|--|---|--|---|
| Location of Construction: 131 Spring Street | | Owner: Sarah Levey | | Phone: 773-3938 | | Permit No: 990350 |
| Owner Address: 131 Spring Street, Portlandm 04101 | | Lessee/Buyer's Name: | | Phone: | | |
| Contractor Name: Grinnell Fire Protection | | Address: 78 Pleasant Ave So. Ptld 04106 | | Phone: | |  Zoning: B-3 CBL: 039-A0- 039-A-030 Zoning Approval: OK 4/14/99 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"/> |
| Past Use: Birth Center | | Proposed Use: Birth Center | | COST OF WORK: \$ 5492.00 PERMIT FEE: \$ 45.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: 14/APR Use Group: R-1 Type: 3B Signature: <i>[Signature]</i> Signature: <i>[Signature]</i> | | |
| Proposed Project Description: Install fire alarm & exit sign | | | | | | |
| Permit Taken By: SP | | Date Applied For: 4-13-99 | | | | |

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..

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: **4-13-99** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: **any exterior work req. review**

Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT 3