Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

	CITY	OF P	ORTI	AND -		
Please Read Application And	B		MARECTIC	í	PERMIT ISSUED	
Notes, If Any, Attached		PER		1	t Number: 070512  JUN 2 1 2007	
This is to certify that	LACASSE DAVID R /Joe L	у				_
has permission to	Unit D-2 - renovate kitchen.	h & add set			CITY OF PORTLAND	_
AT 72 HIGH ST				. 039 G010D02	)	_
provided that th	e person or persons	rm or	dion 2 e	pting this pe	rmit shall comply with a	all

ine and of the

of buildings and

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and t this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication f inspe n mus n and w en permi on proci re this dina or rt there ed or osed-in JR NOTICE IS MEQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

ances of the City of Portland regulating

ctures, and of the application on file in

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board \_ Other \_ Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Main	e - Buil	ding or Use	Permi	t Applicatio	n P	ermit No:	Issue Date	:	CBL:		
389 Congress Street, 0410		-				07-0512	ł		039 G0	10D02	
Location of Construction:	Owner Name:	)wner Name:			Owner Address:			Phone:			
72 HIGH ST	LACASSE DAVID R			80 HIGH ST # 1							
Business Name:		Contractor Name:			Contractor Address:				Phone		
		Joe Lucey			482 Walnut Hill Rd No Yarmouth				2076714249		
Lessee/Buyer's Name		Phone:			Permit Type:					Zone:	
		1			Alterations - Multi Family					RL	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:				EO District:	7			
Multi-unit residential - Unit D-2		Multi-unit residential - Unit D-2		Unit D 2	` ` ` `	\$80.00 \$5,500.00		ł	1	1	
ivium-unit restuential - Unit D-2		renovate kitchen, bath & add closet		FIRE DEPT: Approved INS		INSPECT	PECTION:				
1220	Juca.	72-74 Hish St - Five d.v. 78-80 Hish St - Five dv 124 Pleasant St - Sevendv.		FIRE DEPT: Approved Use Use Signature: Signature: Approved Approved Approved Signature:			Use Grou	Group: R-3 Type: 513			
, 50	o. 0 %c,			1 We a.v.	Denied				, energy (e. ) 1, page (g. )		
			124 Pleasant St- serrady		1			1	TR(-2003		
Proposed Project Description:		10 (1100)	. , , ,		┨			-			
Unit D-2 - renovate kitchen,	bath fra	dd alosat							1/-10-		
Omi D-2 - ichovate kitchen,	vain & a	dd ciosci				ESTRIAN ACT	WITTES DIST	Signature	rature: (0 13 0		
					PEDESTRIAN ACTIVITIES DISTRICT				(P.A.D.)		
						on: Appro	ved 🗌 App	proved w/C	w/Conditions Denied		
					Sign	nature:		Ι	Date:		
Permit Taken By:	Date A	oplied For:		<del></del>	Zoning Approval						
Idobson	1 -	3/2007				Zomng	Approva	11			
This permit application	does not	preclude the	Spe	ecial Zone or Revie	ws	Zoni	ng Appeal		Historic Preservation		
1. This permit application does not papplicant(s) from meeting applicant				Shoreland		Variance			メとい Not in District or Landmark		
Federal Rules.				norciand		· · · · · · · · · · · · · · · · · · ·			The state of Emission		
2. Building permits do not include plumbing,			$  \Box w$	Wetland Miscellaneous			l	Does Not Require Review			
septic or electrical work.											
3. Building permits are void if work is not started				Flood Zone Conditional Use			onal Use		Requires Review		
within six (6) months of the date of issuar											
False information may in		S	Subdivision		[ Interpretation			Approved			
permit and stop all work	<b></b>								_ ,,		
			│ □ Si	ite Plan		Approv	ed		Approved w/	Conditions	
	CCUE	2				] - ''					
PERMIT ISSUED			Maj		Denied		lr	☐ Denied			
	1 1	Ok w 1 condition							Any exterior work region a separate which the Harris		
1 1 11 2	00/17		1	123 loz /	A2011	Date:		Date	or reading	necesati	
JUN 2	1 ( ) \ \( \frac{1}{2} \) \( \frac{1} \) \( \frac{1}{2} \) \( \frac{1}{2} \) \( \fra	1 1	Date.	5/05/07 /	1300 1	Date.		Date	T. A. 156	02-22-00	
									the His	b-ac	
CITY OF F	ORTL	AND _							Preserva	.han	
6111 01 1									,		
			(	CERTIFICATI	ON						
I haraby contify that I am the	ouman of	magand of the ma				amacad wante i	a authonicad	by the or	uman of maga-	rd and that	
I hereby certify that I am the I have been authorized by the											
jurisdiction. In addition, if a											
shall have the authority to ent											
such permit.		•	•	-			•				
SIGNATURE OF APPLICANT				ADDRES			DATE		DUO	NF	
SIGNATURE OF APPLICANT				ADDRES	J	DATE			PHONE		
					_	_					
RESPONSIBLE PERSON IN CHA	RGE OF V	VORK, TITLE					DATE		РНО	NE	