

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

Location of Construction: 77 B Park St		Owner: Crawford, Michael & Kathleen		Phone:		Permit No: <b>940789</b>	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name: Mary Greer	
Contractor Name: Thomas Kane 797-7908		Address: 71 Chesley Ave Portland, ME		Phone: 04103		Permit Issued: PERMIT ISSUED AUG - 2 1994	
Past Use: Condo		Proposed Use: Condo w/int reno		COST OF WORK: \$ 3,500.		PERMIT FEE: \$ 40.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group R-2 Type 3-B	
Proposed Project Description: Install skylights and construct platform		Signature:		Signature: <i>[Signature]</i>		Zone: CBL: 044-7-007	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>		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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
		Signature:		Date:		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	

1. This permit application doesn't 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 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

28 July 1994

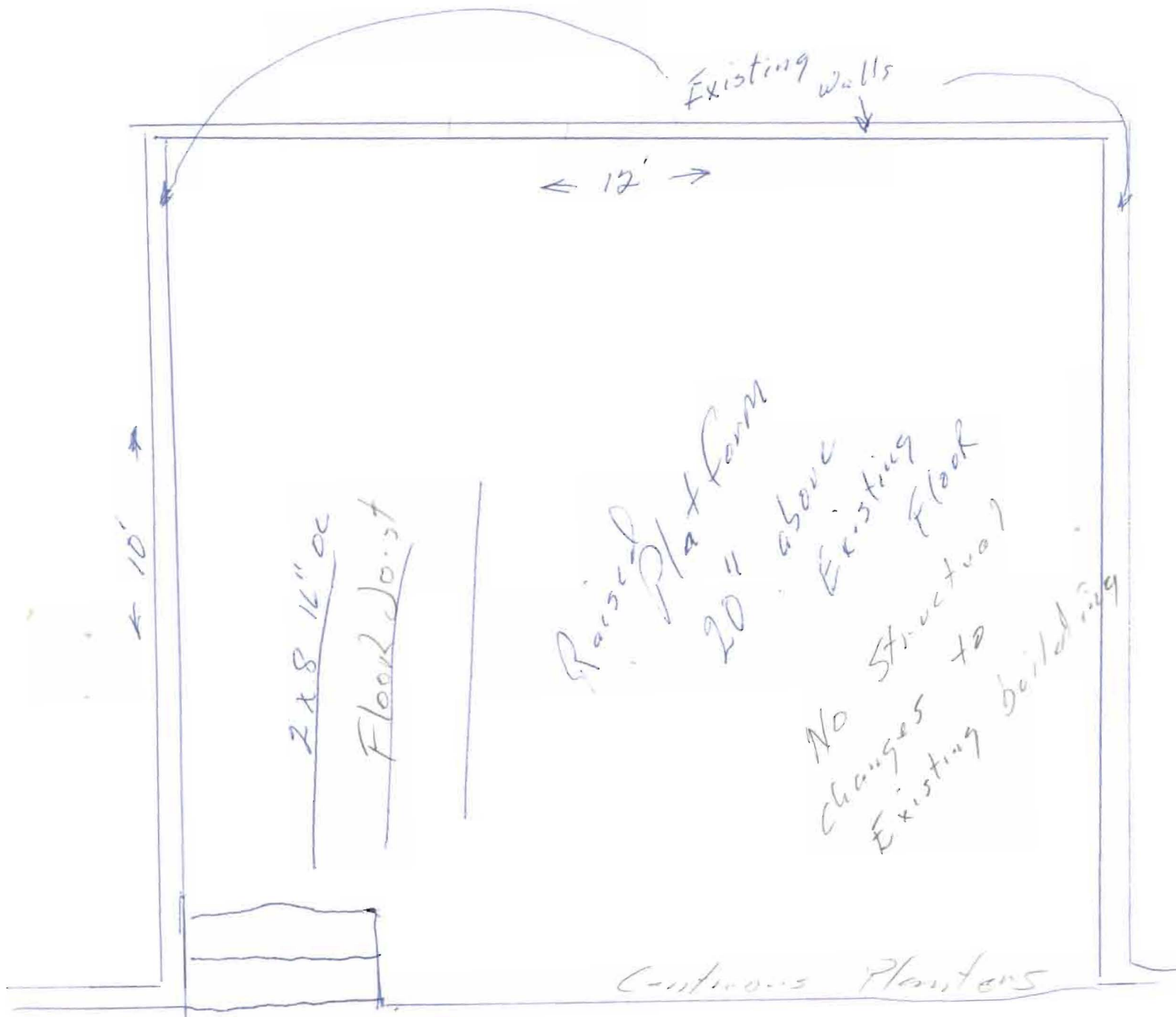
SIGNATURE OF APPLICANT Tom Kane ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 2

*Ms Mansour*



Also Two Skylights Spaced 32" apart  
with an RO of 30" x 84". Headers to be  
Double 2x10 to match existing Rafters

COMMENTS

9/96- No notification given - Work complete  
w/out inspection - Unable to access  
space. X

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____