

Location of Construction: 77 N Park St		Owner: Crawford, Michael & Kathleen		Phone:		Permit No: 940789	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Thomas Kane 797-7108		Address: 11 Chestnut Ave Portland, ME 04103		Phone:		Permit Issued: AUG - 2 1994	
Past Use:		Proposed Use: condo w/1st floor		COST OF WORK: \$ 3,500.		PERMIT FEE: \$ 40.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group R2 Type 3-B	
Proposed Project Description: Install skylights and construct platform		Signature:		Signature: <i>[Signature]</i>		Zone: CBL: 44-7-007	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zoning Approval:	
		Signature:		Date:		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"/>	

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 *[Signature]* 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

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

CEO DISTRICT 2

Ms Mansua

COMMENTS

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

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