Location of Construction: 5th F1. 94 Parks St.	Owner: Anne Irela		Phone: 874–9813	Permit No: 000718
			BusinessName:	
Owner Address:	Lessee/Buyer's Name:	Phone:		
94 Park St.	N/.		N/A	Permit Issued:
Contractor Name:	Address:	Phone:		-
Steve Peters	Cape Elezabeth		329-1757	
Past Use:	Proposed Use:	COST OF WORK		
		\$20,000.00	\$144.00	بو*`.
Multi Family	Same	FIRE DEPT. 🗆 A	pproved INSPECTION :	
			enied Use Group: A-2 Type: 3	B
			BUC Ogg	_ Zone≗ CBL:
5 units only	ser l	Signature:	Signature: Texper.	043-611-23
Froposed Project Description: 1/4/	9.7		CTIVITIES DISTRICT (PA.D.)	Zoning Approval:
				Special Zong or Poviews:
				Special Zolle of Reviews.
4 dormers in location of ex		••		
			enieu	□ □ Wetland □ Flood Zone 6/30/000
		Signature:	Date:	
Permit Taken By: K	Date Applied For: June 27, 2000 GG		□Site Plan maj □minor □mm □	
				Zoning Appeal
1 This normit application does not preclud	a the Applicant(s) from meeting applicat	le State and Federal rules		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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. 				
				Conditional Use
				□ Interpretation
				🗇 Denied
				Historic Preservation
		PERMIT ISSUED WITH REQUIREMENT		Not in District or Landmark
11. 11.				Does Not Require Review
			PERMIT	Requires Review
			WITH REQUIRE ME	Action:
			4414	
	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				
				Date: to D, A
areas covered by such permit at any reasona	ble nour to enforce the provisions of the	code(s) applicable to such p	元11111	Note; 5/20/00 ml
				Nor, Etal
		June 27, 20	000	see History letter and
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	- 4/L/2000
				101
				WILLIA OF THE MERINA MERINES
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	WITH REQUIREMENTS
Whi	ite-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-Pub	lic File Ivory Card-Inspector	` L

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

White-Fermit Des Green-Assessor's ryvory card-inspector IIC .