Location of Construction: 542-544 Cumberland Avenue Phone: 878-6944 Owner: Permit No: 1339 Ann Edwards Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 888***474 Blackstrap Road Falmouth, ME 04105 Permit Issued: Contractor Name: Address: Phone: COST OF WORK: Past Use: Proposed Use: PERMIT FEE: 25.00 \$ \$ CITY OF PORTLAN Multi-Family (3 Units) Same FIRE DEPT. Approved **INSPECTION:** Use Group 2 Type: 52 □ Denied CBL: 047-A-008 Zone: BOCA96 R-1 TAYN Signature: Signature: Proposed Project Description: Zoning, Approvate PEDESTRIAN ACTIVITIES DISTRICT (D.) Change of Use for 3 units. In 1979 a change of use was not Action: Approved Special Zone or Re done for renovations of the 3rd unit. Approved with Conditions: □ Shoreland Denied □ Wetland □ Flood Zone Signature: Date: Subdivision □ Site_Plan_maj □minor □mm □ Date Applied For: Permit Taken By: SP 4 - 2 - 9938887 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. Denied PERMIT ISSUED WITH REQUIREMENTS **Historic Preservation W**Not in District or Landmark Does Not Require Review □ Requires Review Action: CERTIFICATION □ Appoved 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 □ Approved with Conditions Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 4-6-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 2 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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