

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

Location of Construction: 781 1/2 Congress St.		Owner: **Daniel S. McLaughlin		Phone: 797-8334		Permit No:	
Owner Address: **Box 3203 Portland, ME 04104		Lessee/Buyer's Name: N/A		Phone: N/A		BusinessName: N/A	
Contractor Name: Ustarts and Maietta		Address: Portland and Scarborough		Phone: 861-0600 (Ustarts)		Permit Issued: 25	
Past Use: vacant Building		Proposed Use: driveway		COST OF WORK: \$ 1,200.00		PERMIT FEE: \$ 36.00	
Proposed Project Description: <del>XXX</del> Building to be demolished and hauled away. Ustarts and Reynolds Hole to be filled with gravel. Blue Rock or Maietta		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: BOCA99- Signature: <i>Holper</i>		Zone# CBL: 047-A-014 8-2	
Permit Taken By: Kathy		Date Applied For: May 23, 2000		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>of S Spata</i> 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"/>	
Permit Issued:		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	

**PERMIT ISSUED WITH REQUIREMENTS**

**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 is 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

May 23, 2000

SIGNATURE OF APPLICANT 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

PERMIT ISSUED  
CEW/DISTRICT 2  
WIS