

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

Location of Construction: 49 Dearing Street		Owner: **David N. 716		Phone: 775-0101	
Owner Address: 49 Dearing Street 04101		Lessee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use: Professional Office/Apts.		Proposed Use: Same		COST OF WORK: \$ 19,000 PERMIT FEE: \$ 120.00	
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>MIXED</i> Type: <i>MIXED</i> Signature: <i>BOC & P. Hoff</i>	
Proposed Project Description: Remove non-bearing walls, remodel kitchen.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By: SP		Date Applied For: 4-14-99			

Permit No: **990358**

PERMIT ISSUED

APR 21 1999

CITY OF PORTLAND

Zone: CBL: 47-3-014

Zoning Approval: 114

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: _____

Approved
 Approved with Conditions
 Denied

Date: _____

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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT 2