Location of Construction: Owner: Phone: Permit No: Mr. Harold Burnham 1-207-885-9244 85 Grant Street Lessee/Buyer's Name: 990871 Owner Address: Phone: BusinessName: P.O. Box 2087 Scarborough, ME 04074 ** Address: Permit Issued: Phone: 1-207-782-6042 Contractor Name: ** 949 Minot Ave. Auburn ME 04210 Roland Chabot AUGIO **COST OF WORK: PERMIT FEE:** Past Use: Proposed Use: \$ 18,000 \$ 132.00 Park FIRE DEPT. Approved Vacant Multi-Family Bldg **INSPECTION:** Use Group: 8-2Type: 5/2 □ Denied CBL: 048-B-011 BOCA96 Signature: Signature: 7 Zoning Abproval: **Proposed Project Description:** PEDESTRIAN ACTIVITIES DISTRICT (P **√.D**.) Action: Approved Special Zone or Demolition of 1 vacant apartment building. Approved with Conditions: □ Shorelan Denied U Wetland Flood Zone □ Subdivision Signature: Date: Site Plan maj Eminor Emm Permit Taken By: Date Applied For: 8-11-99 KA 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 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work... Denied Roland Chabot ***Send To: 949 Minot Ave. Historic Preservation Auburn, Maine 04210 □ Not in District or Landmark Does Not Require Review □ Requires Review PERMIT ISSUED Action 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 Approved with Condition 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 8-11-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** ub 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