City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 879-6866 John Perry 108 Sherman Street 390811 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: P.O. Box 7626 Contractor Name: Address: Phone: 92 Exchange St. Ptlad, ME 04112-7626 773-8422 **Scott A. Lindsay Assoc. Inc. Ptld, ME 04112-762 Proposed Use: AUG 3 COST OF WORK: PERMIT FEE: 1999 Past Use: \$ 4500.00 \$ 54.00 Multi-Family Same FIRE DEPT. Approved INSPECTION: Use Group B Type: 572 ☐ Denied **CBL**: 048-E-010 BOCA90 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (Action: Approved Rebuild porch roof Approved with Conditions: □ Shoreland CD Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 7-28-99 SP Zoning Appea □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Us 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... Scott A. Lindsay Assoc. Inc. *** Mail To: □ Denied P.O. Box 7626 Portland, ME 04112-7626 Historic Preservation Not in District or Landmark Does Not Require Review ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS 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 7-28-99 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

CEO DISTRICT

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