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

Location of Construction: 521 Cumberland Avenue Owner: 519 Cumberland Ave. Inc. Elaine Fitts 625-3085 or 7				Permit No:
Owner Address: RR 1 Box 311, Cornish ME	· -	Phone: Busine	ssName: /A	1 ⁷² 9 9 1 2 1 ?
Contractor Name:	Address:	Phone:		Permit Issued:
Jonathan Fitts	RR 1 Box 311 Cornish, ME 04020 625-7172 or 3085			
Past Use:	Proposed Use: COST OF WORK: PERMIT FEE:			· A
	Same	\$ 450.00	\$ 30.00	4
Multi-Family	Same	FIRE DEPT. Approved	*	
		☐ Denied	Use Group Type: 513	
8 Legal Units			DOCA 96 (1)	Zone: CBL:
		Signature: Why	Signature: Holler	Zone: CBL: 048-F-014
Proposed Project Description:	<u> </u>	PEDESTRIAN ACTIVITI		Zoning Approval:
I DESTRIAN ACTIVIT			1///	
Proposed to build smoke roo	Action: Approved		Special Zone or Reviews:	
in basement.			☐ Shoreland	
See Plans o			□ Wetland	
		Signature:	Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By:	Date Applied For:	10-28-99		□ Site Plan maj □minor□mm □
UB		10-28-99		7
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				Zoning Appeal ☐ Variance
				□ 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
tion may invalidate a building permit and stop all work				□ Approved
*** Call Elaine Fitts for Pick Up 625-7172				□ Denied
				Historic Preservation
				□ Not in District or Landmark
				☐ Does Not Require Review
				□ Requires Review
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				
				Action:
				□Appoved
				☐ Approved with Conditions
				1
				Date:
10–28–99				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				PERMIT IS SUED
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				CEOTOISTRICTREMENTS
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				ub