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: **97-99 Washburn Ave. Laurence Rheaume 828-4600 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA N/A N/A N/A Permit Issued: Contractor Name: Address: Phone: SAA SAA Owner COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: \$ 3,500 \$ 48.00 1-Family Same **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group 1 - Type 5 051-B-011 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved 2 Bedroom Addition to Single Family Dwelling. Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone Date: □ Subdivision Signature: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 5-3-00 UB **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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 Historic Preservation Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 ☐ 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 5-3-00 SIGNATURE OF APPLICANT PHONE: ADDRESS: DATE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

CEO DISTRICTANT