Location of Construction: Phone: Owner: Permit No: Viki Newman 20 West Street 772-6446 ** 00058 **Owner Address:** Lessee/Buyer's Name: Phone: BusinessName: 20 West St. Unit 16, Portland N/A Permit Issued: Contractor Name: Phone: Address: N/A **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: \$ \$ 500.00 JIN 30.00 residence **INSPECTION:** FIRE DEPT. Approved same Use Group &- Type 3-0 □ Denied Zone. CBL: BOCA99 055-A-008 Ru Signature: Signature: Zoning Approva Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Special Zone or Roviows install a new skylight in existing skylight opening Approved with Conditions: □ Shoreland current opening is boarded over Denied □ Wetland □ Flood Zone HIST □ Subdivision Signature: Date: Site Plan maj Eminor Emm Permit Taken By: Date Applied For: KA May XX 24, 2000 JF Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. tion may invalidate a building permit and stop all work.. Denied **Historic Preservation** DNot jn District or Landmark call for P/U Does Not Require Review 772-6446 Viki Newman PERMIT ISSUED □ Requires Review WITH REQUIREMENTS Action: CERTIFICATION □ Appoved DApproved 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: To D areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit May 24, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE:

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector