

Location of Construction: Six Houlton St		Owner: Kirk Goodhue		Phone:		Permit No: 960943
Owner Address: Six Houlton St- Ptld ME		Leasee/Buyer's Name: 04102		Phone:		
Contractor Name: Sewall Assoc, Inc		Address: Box 6610 - Ptld ME 04101		Phone: 774-4755		Permit Issued: SEP 26 1996 CITY OF PORTLAND
Past Use: 2-fam dwlg		Proposed Use: 2-fam w intr rnvtns		BusinessName:		
Proposed Project Description: interior renovations		COST OF WORK: \$ 2100		PERMIT FEE: \$ 30		Zone: CBL: 55-B-32 R-6 Zoning Approval: <i>sumits pre 185 per microfiche</i>
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		
		Signature:		Signature: <i>9/25/96</i>		
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Signature: Date:		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied						Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> <i>Any New decks need separate permit</i> <i>→ 9/24/96</i>
Signature: Date:						
Permit Taken By: L Chase		Date Applied For: 9/20/96				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

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 issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

[Signature]
SIGNATURE OF APPLICANT

ADDRESS:

9/20/96
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

Historic Preservation
☒ Not in District or Landmark
☒ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: *9/20/96*

D Anderson

CEO DISTRICT

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