City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No: 960998 Phone: 878-2308 10 Dow St Nicholas Kaldro Leasee/Buyer's Name: Owner Address: Phone: BusinessName: 13 Stagecoach Rd- Falmouth ME 04105 Permit Issued: Contractor Name: Address: Phone: owner OCT - 8 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 1000 \$ 25 3-fam dwlq 2-fam dwla w FIRE DEPT. Approved INSPECTION: one business ☐ Denied Use Group: Type: (office) Zone: CBL: / & intr rnvtns Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved Approved with Conditions: □ Shoreland change of use - to two-fam dwlg & business Denied □ Wetland office ☐ Flood Zone w intr renvatus Signature: Date: □ Subdivision ☐ Site Plan maj ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: L Chase 9/25/96 **Zoning Appeal** □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ 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 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 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 PHONE: SIGNATURE OF APPLICANT ADDRESS: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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

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