Cit	ty of Portland, Maine	e - Build	ling or Use Po	ermit 1	Application	Pe	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		09-0098			055 E02	4001
			Owner Name:	me:			Owner Address:			Phone:	
3 HORTON PL			LADOKA LADO			3 HORTON PL					
Business Name:			Contractor Name:			Contractor Address:			Phone		
Lessee/Buyer's Name Phone:			Phone:			Permit Type: Alterations - Multi Family			<b>I</b>	Zone:	
Past Use: Proposed Use:				J	Permit Fee: Cost of Work:			rk.	CEO District:	1	
3 unit residential 3 unit resident			ial - repair cracks in		\$30.00			600.00			
			basement wall			FIRE DEPT: Approved INS		INSPEC	SPECTION: se Group: Type		
D	In the second										
	posed Project Description: pair cracks in basement wa								g		
тер	dan cracks in dasement wa	111				8			Signatui	<u></u>	
						PEDESTRIAN ACTIVITIES DISTRICT					
						Action Approved Approved w/Condition Deni				Denied	
					Signature:			Date:			
Permit Taken By: Date Applied For: 02/09/2009						Zoning Approval					
1.	This permit application	does not	preclude the	Spec	ial Zone or Revi	iews	Zonii	ıg Appeal		Historic Preservation	
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			☐ Variance			☐ Not in District or Landm	
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland			Miscellaneous			Does Not Require Revie	
3.	•			☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved		
			Site Plan			Approved			Approved w/Condition		
			Maj [	Mino MM	[	Denied			☐ Denied		
				Date:			Date:			Date:	
I ha juri: shal	ereby certify that I am the tive been authorized by the sdiction. In addition, if a ll have the authority to en uch permit.	e owner to permit fo	o make this appli r work described	med pro ication a l in the a	as his authorize application is is	he prop d agen sued, I	t and I agree for certify that the	to conform he code offi	to all ap cial's aut	plicable laws of thorized repres	of this sentative
SIC	GNATURE OF APPLICAN				ADDRES	S		DATI	Ξ	Pl	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction: 3 HORTON PL	Owner Name: LADOKA LADO		Owner Address: 3 HORTON PL	Phone:		
Business Name:	Contractor Name:		Contractor Address:			
Lessee/Buyer's Name	Phone:	]	Permit Type: Alterations - Multi Fam	ily		Zone:
Dept: Zoning S Note:	Status: Approved with Condition	s Reviewer:	Ann Machado	Approval Date	e: 02/ Ok to Issue	09/2009
<ol> <li>This permit is being issu</li> <li>This property shall rome</li> </ol>		ongo of uso shal	l roquiro o conorete norm	it application for	raviou	1
<ol> <li>This property shall rema approval.</li> </ol>	in a three family dwelling. Any ch			••		
<ul> <li>2) This property shall rema approval.</li> <li>3) This permit is being app work.</li> <li>Dept: Building Solution</li> <li>Note:</li> </ul>	in a three family dwelling. Any ch	tted. Any devia	tions shall require a sepa	Approval Date	efore starting: 02/	13/2009

## **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 areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

DECDONGIDI E DEDCON IN CILADOE OF WORK TIT		DATE	DITO
SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO