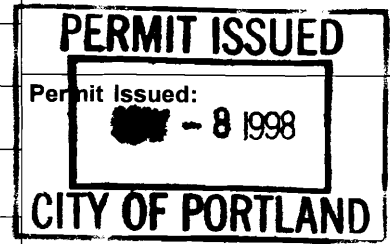


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

980471

Location of Construction: 50 Cushman St		Owner: Peder Knoth		Phone: 871-8368	
Owner Address: 97 Emery St Ptld, ME 04102		Lessee/Buyer's Name:		BusinessName:	
Contractor Name: SAA		Address:		Phone:	
Past Use: 2-fam		Proposed Use: Same		COST OF WORK: \$ 30,000.00 PERMIT FEE: \$ 170.00	
Proposed Project Description: Make Renovations		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>B3</i> Type: <i>5B</i> <i>BOCA 96</i>	
		Signature:		Signature: <i>Hoffa</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Date:	
Permit Taken By: Mary Gresik		Date Applied For: 03 May 1998			



Permit No. 980471

Permit Issued: 8 1998

CITY OF PORTLAND

Zone: CBL: 056-D-001

Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review *5/6/98*

Action:

Approved
 Approved with Conditions
 Denied

This approval for a time
 Date: *5/6/98*
walk only.
DJA

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 05 May 1998 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT