City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 99029 8 Location of Construction: 38 Cushman Street Owner: Phone: Mark Molinoff Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 04102 Permit Issued: Address: Contractor Name: Phone: 874-2208 **Mark Goode 28 Summer Street Portland, ME COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$Late Fee 100.00 \$ 8,000 Same 1-Family TOTAL: 16 INSPECTION: CITY FIRE DEPT. □ Approved ☐ Denied Use Group: 43 Type: 5 CBL: 056-D-004 Zoge: Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D. Adding 5 new windows to kitchen Action: Approved Special Zone or Reviews Approved with Conditions: □ Shoreland (Y) Denied □ Wetland ☐ Flood Zone Signature: ☐ Subdivision Date: ☐ Site Plan Date Applied For: Permit Taken By: 4-6-99 SP Zonina □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ 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 ☐ Approved 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: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 4-6-99 SIGNATURE OF APPLICANT ADDRESS: 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

CEO DISTRICT