## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: 67 Emery St Kozenewski, Walter Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Address: Phone: Hap Cleary 40 Aldworth St PTld, ME 797-0219 **MAXXMX** 04103 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 1,000.00 25.00 FIRE DEPT. Approved INSPECTION: 2-fam Same Use Group R3 Type: 5B □ Denied CBL: BOCA 96 057-A-002 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews: Approved with Conditions: I Shoreland NOT to exce Repair Porch Denied: □ Wetland € ☐ Flood Zone □ Subdivision ~ Signature: Date: ☐ Site Plan maj ☐minor ☐mm/□ Permit Taken By: Date Applied For: Mary Gresik 30 May 1997 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Historic Preservation □ Not in District or Landmark ☐ Does Not Require Review PRequires Review Action: PAppoved CERTIFICATION 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 30 May 1997 SIGNATURE OF APPLICANT ADDRESS: Hap Cleary RESPONSIBLE PERSON IN CHARGE OF WORK TITLE PHONE: CEO DISTRIC White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector