Location of Construction:	Owner		Bhono	
Location of Construction:Owner:44 Clark St.Steven Ellis		Phone:		Permit No:
Owner Address:		Dhama	BusinessName:	990302
	Lessee/Buyer's Name:	Phone:	Dusinessiname:	
44 Clark St.	Addresse			Per REBMIT ISSUED
Contractor Name:	Address:	Phon		Sinter Sources 1000 LD
David DiPietro	221 Virginia St. Portla	1d, ME 79	7–9531	
Past Use:	Proposed Use:	COST OF WOR		APR - 9 1999
Single Family	Same with addition	<u>\$ 25</u> ,000	\$ 145.00	
		FIRE DEPT. 🗆	Approved INSPECTION:	A CITY OF FORTAND
			Denied Use Group: / 3 Type: 4	
			BOCA96, M	Zone: CBL: 58-A-026
		Signature:	Signature: Horbor	
Proposed Project Description:			ACTIVITIES DISTRICT (P.A.D.)	Zoning Approva
2 Story addition 17' x 30'-6' Flat roof house			Approved with Conditions:	□ Special Zone or Reviews: ??
				U U Wetland
				I Flood Zone Zone
		Signature:	Date:	
Permit Taken By: Sp	Date Applied For:			□ Site Plan maj □minor □mm □
Permit Taken By: Sp		3/30/99		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				☐ Miscellaneous
				Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work				□ Interpretation
				□ Denied
			PERMIT	Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS				D Not in District or Landmark
				Does Not Require Review
				Requires Review
				Action:
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				
if a permit for work described in the applicat	ion is issued, I certify that the code official	's authorized representat	tive shall have the authority to enter	all all
areas covered by such permit at any reasona				Date:
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	DUONE	
SIGNATURE OF APPLICANT	ADDRESS:	DALE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	
· · · · · · · · · · · · · · · · · · ·	,			CEO DISTRICT
Whi	tePermit Desk Green-Assessor's Ca	anary–D.P.W. Pink–Pu	ublic File Ivory Card-Inspector	

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