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

Location of Construction:	Owner: Joun Conlin		Phone: 1-5399	Permit No: 99064
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: John Jisson	Address: 2/1 day Street	Phone	17-9424	Permit Issued: JUN 2 1 1999
Past Use:	Proposed Use:	COST OF WORK	<b>S PERMIT FEE:</b> <b>S 25.</b> 00	
pull family	(月) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	FIRE DEPT.	Approved INSPECTION:	THAND
		Signature:	Signature:	Zone: CBL: 058-8-001
Proposed Project Description:	<u>.</u>		CTIVITIES DISTRICT (P.A.D.)	Zoning Approval:
Admondment to permit \$990511 Chan 4x4 servical legs (2)	F	Action:       Approved       Image: Special Zone or Reviews:         Approved with Conditions:       Image: Special Zone or Reviews:         Denied       Image: Special Zone or Reviews:         Image: Denied       Image: Special Zone or Reviews:         <		
		Signature:	Date:	□ Subdivision
Permit Taken By:	Date Applied For:	16, 1999 XA		□ Site Plan maj □minor □mm □
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work</li> </ol>				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
PERMIT ISSUED WITH REQUIREMENTS L 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				Historic Preservation Not in District or Landmark  Does Not Require Review  Requires Review  Action:  Appoved  Approved with Conditions
authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	s his authorized agent and I agree to cor issued, I certify that the code official's a	form to all applicable uthorized representati	a laws of this jurisdiction. In additive shall have the authority to enter	on, Denied
June 16, 1999				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK			PHONE:	
White-Pe	rmit Desk Green–Assessor's Cana	ry–D.P.W. Pink–Pul	blic File Ivory Card-Inspector	<b>L</b>