## Location of Construction: Owner: Phone: Permit No: 11 Summer St. 04103 \*\*Peter Green 882-6509 156 4 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: \*\* Po Box 235 Wiscasset 04578 Permit Issued: Phone: Contractor Name: Address: Self 7 júli COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 3,000 \$ \$ 35.00 1-Family Same **INSPECTION:** FIRE DEPT. Approved Use Group: P-3Type: 54 □ Denied CBL: BUCA96 Zone: R-6 058-B-022 Signature: Signature: Zoning Approva Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (D.) Action: Approved Special Zone or Review Approved with Conditions: □ Shoreland Construct 8 x 20 addition Denied П □ Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan mai □minor □mm □ Permit Taken By: Date Applied For: UB May 27, 1999 sp **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work... Denied Aistoric Preservation PERMITISSUED **D**Not in District or Landmark WITH REQUIREMENTS 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 May 28, 1999 **SIGNATURE OF APPLICANT** ADDRESS: DATE: PHONE: 3 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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