

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

Location of Construction: 11 Sumner St. 04103		Owner: Peter Green		Phone: 524-6909	
Owner Address: * 10 Sumner St. 04103		Lessee/Buyer's Name:		Phone:	
Contractor Name: Self		Address:		Phone:	
Past Use: 1-Family		Proposed Use:		COST OF WORK: \$ 3,000 PERMIT FEE: \$ 35.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group A3 Type: 5B Signature: <i>[Signature]</i>	
Proposed Project Description: Construct 6 x 10 addition		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Signature: <i>[Signature]</i> Date: _____	
Permit Taken By: UE		Date Applied For: May 27, 1999 sp			

Permit No: **99 056 4**

PERMIT ISSUED

Permit Issued:

JUN 7 1999

CITY OF PORTLAND

Zone: _____ CBL: 055-A-1122

Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED
WITH REQUIREMENTS

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 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

May 27, 1999

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT

COMMENTS

03/21/00 - Framing beams span does not appear to meet code requirements -
need a letter from certified architect as to integrity and safety of construction
before closing in - Stop work order in effect. Jmr

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____