Location of Construction: Owner: Phone: Permit No: 04102 871-9348 991361 309 Spring Street Julie Evans Owner Address: Lessee/Buyer's Name: Phone: BusinessName: N/A N/A N/A Same Permit Issued: Contractor Name: Address: Phone: Owner Raymond Keith (husband of Julie) SAA SAA **COST OF WORK: PERMIT FEE:** Past Use: Proposed Use: ULU 10 \$ 350.00 \$ 30.00 FIRE DEPT. Approved INSPECTION: 2-Family Same Use Group A-3 Type: 5-2 □ Denied Zone R-p CBL: BOCAGE 061-C-013 Signature: Signature: Zoning Approva Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD) (DOLAGN Action: Approved Special Zone or Revie Replacement of stairs to landing at rear door. Approved with Conditions: □ Shoreland Denied U Wetland □ Flood Zone □ Subdivision Signature: Date: Site Plan maj Ominor Omm O Date Applied For: Permit Taken By: UB December 1, 1999 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 ***Please Call for Pick Up Raymond Keith 780-7015 Pager Historic Preservation □ Not in District or Landmark Does Not Require Review DRequires 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 12 - 1 - 99SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: WIGHOR DUSTINEWEN PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** UB White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File lvory Card–Inspector

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