## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No:9 8 0 6 8 6 Location of Construction: Owner: Phone: 773-2962 McKinnon, Hillary 326 Spring St Lessee/Buyer's Name: Owner Address: Phone: BusinessName: PERMIT ISSUED 04102 SAA Permit Issued: Contractor Name: Address: Phone: Pt1d,ME 04103 JUN 2 6 1998 40 Aldworth St 797-0219 Hap Cleary **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: 2,100.00 30.00 1-fam **FIRE DEPT.** □ Approved INSPECTION: Use Group \$3 Type:59 ☐ Denied BOCAYG Signature: Signature: X Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: Repair existing deck & roof ☐ Shoreland Denied П ☐ Wetland ☐ Flood Zone Signature: ☐ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 12 June 1998 MG **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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 tion may invalidate a building permit and stop all work.. ☐ Approved Call one rading 27 27 12 per linon □ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☑ Requires Review Action: CERTIFICATION □ Approved ☑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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 12 June 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

**CEO DISTRICT** 

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE