City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 773-8529 04102 Margot McWilliams et. al **135 Vaughn St. 991231 Owner Address: Lessee/Buver's Name: Phone: BusinessName: n/a =SAA n/a n/a Raymond Maine Permit Issued: Phone: Contractor Name: Address: 655-6633 655-6633 Carl Bartolomeo address not given COST OF WORK: Past Use: PERMIT FEE: Proposed Use: \$ 37,000 246.00 \$ Carriage House Non-apartment living **FIRE DEPT.** □ Approved INSPECTION: Use Group: R-3Type: 3/3 ☐ Denied Space (NO KITCHEN) CBL: BOCA 96 062-A-009 Signature: Signature: Zonind∕Approval. Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.K/D.) 2nd floor of carriage house to be independent living quarters Action: Approved Special Zone or Approved with Conditions: ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: IIB 10-28-99 Zoning Appeal *Variance Pract 1 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 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied *** Send to: Margot McWilliams Historic Preserva 135 Vaughn St. □ Not in District or Landre Portland, ME 04102 □ Does Not Require Revi ☑/Keguires Review Action: CERTIFICATION □ Approved 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 ☑Approved with Conditions 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, ☐ Deniée 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 Applicant was Mocred Si 10-28-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: