Location of Construction: 9 Bowboin Street	Owner: Dr. Godfarb	lfarb Phone: 772-		Permit No:
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	BusinessName:	000370
Contractor Name: ** Woodward Thomesen Co Past Use:	Address: **** PO Box 10359 Portland ME Proposed Use:	Phone: 774–9298 COST OF WORK: \$15,000 PERMIT FEE: \$114.00		Permit Issued:
single family	same	FIRE DEPT.	proved INSPECTION: ied Use Group: B. 3Type: 5 BOCA991	Zone: CBL: CBL : 062-D-009
Proposed Project Description:			Signature: XXXASEA IVITIES DISTRICT (P.A.D.)	Zoning Approval
remove bulkhead add new $\frac{2}{2}$	Action: Approved Image: Constraint of the second s		□ □ Shoreland	
		Signature:	Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By: K	Date Applied For: Applied For:	pril 21 2000 K		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work				□ Conditional Use □ Interpretation □ Approved □ Denied
PERMIT ISSUED WITH REQUIREMENTS ECRIFICATION 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				Historic Preservation
SIGNATURE OF APPLICANT	ADDRESS:	<u>April 21 2000</u> DATE:	PHONE:	-1772
SIGNATORE OF ATTEICHNI				PERMIT ISSUED
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	- WEDIDEQUIREMENTS
Wh	ite–Permit Desk Green–Assessor's Can	ary-D.P.W. Pink-Public	c File Ivory Card-Inspector	

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

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