

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

Location of Construction: 83 West St. Portland		Owner: J.W. Bride		Phone: 775-3231		Permit No: 990389	
Owner Address: same		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: New England Housewrights		Address: 209 Dow Rd. Standish, ME		Phone:		Permit Issued: APR 30 1999	
Past Use: Single Family		Proposed Use: Single Family		COST OF WORK: \$ 13000.00		PERMIT FEE: \$ 90.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group R-3 Type 5B BOCA 96	
				Signature: _____		Signature: <i>Hoffman</i>	
Proposed Project Description: Add 3/4 bath to 3rd floor Rec Room				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
				Signature: _____ Date: _____			
Permit Taken By: SP		Date Applied For: 20 April 1999					
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>							
<p>***Call for pick-up 772-7357</p>							
CERTIFICATION							
<p>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</p>							
				20 April 1999			
SIGNATURE OF APPLICANT		ADDRESS:		DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:			
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector						<p style="text-align: center;">PERMIT ISSUED WITH REQUIREMENTS</p> <p style="text-align: center;">Zoning Appeal</p> <p><input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p style="text-align: center;">Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review</p> <p>Action: <i>Any exterior work requires SA sep. Review</i></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied</p> <p>Date: _____</p>	
						<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">3</div> <p>CEO DISTRICT</p>	