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

Location of Construction: 199 Vaughn St	Owner:	m & Sons	Phone:	Permit No; 9006 2
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Owner Address.	Lessee/Duyer s Name.	r none.	Businessivaine.	PERMIT ISSUE
Contractor Name:	Address:	Phor	ne:	Permit issued:
**Timeco Systems Inc.	27 Portland St	: Ptld	772-6294	
Past Use:	Proposed Use:	COST OF WOR	RK: PERMIT FEE:	<b>AN 2 5</b> 1999
		\$ 2,000	\$ 30.00	
Residential	Same	FIRE DEPT.		CITY OF POST PAIR
			Denied Use Group <b>R</b> -3 Type	6
			BOCA96 IN	Zone: CBL: 063-C=014
		Signature	Cr-414 7 Signature: Hoffar	
Proposed Project Description:	PEDESTRIAN A	ACTIVITIES DISTRICT (FA.D.)	Zoning Approval:	
Install Residential fire alar	Action:	Approved 00	□ Special Zone or Reviews:	
	2		Approved with Conditions:	
			Denied	□ □ Wetland
				Flood Zone
		Signature:	Date:	
Permit Taken By: MG	Date Applied For:			□ Site Plan maj □minor □mm □
FIG	Ja	nuary 21, 1999		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
				☐ Miscellaneous
				□ Conditional Use
3. 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 □ Denied
				Defiled
		WITH REQUIREMENTS		
WITH Pro ISSUE				Historic Preservation
			TEQUIRE	Does Not Require Review
			MENTO	□ Requires Review
			.,0	Efferior Work
				Fegures N
CERTIFICATION				DAppoved vevreu
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 applicat				all
areas covered by such permit at any reasona				Date:
~ A ~	•	· · · • •	-	
		January 21,	1000	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
SIGINITENE OF ALL ERAM		DAIL.	THOME.	
<b>RESPONSIBLE PERSON IN CHARGE OF</b>	WORK, TITLE		PHONE:	
		• • • • • • •		
Whi	te–Permit Desk Green–Assessor's	Canary-D.P.W. Pink-P	ublic File lvory Card–Inspector	