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

Location of Construction: 92 West Street	Owner: Drew Anderson & Jane Lee		Phone:	Permit No: 960293
Owner Address:	Leasee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	Address:		a)	Perent issued:
Gilman Group Construction		Iress: Phone: 5 Main Street, S.P., 04106 772-0541		
Past Use:	Proposed Use:	COST OF WOR		AFR 2 4 19 96
		\$ 25,685.00	\$ 150.00	
3 Unit dwelling	2 Unit dwelling	FIRE DEPT. 🗆		CITY OF PORTLAS D
			Denied Use Group:	De. 2 Printer and the second s
			BOCA93	201 Zone; CBL: 63-F-2
Design de		Signature:	Signature:	Zoning Approval:
Proposed Project Description:		ACTIVITIES DISTRICT (P		
Interior renovations as pe	Action:	Approved U	Special Zone or Reviews:	
interior renovations as pe		Approved with Conditions: Denied	□ □ Shoreland	
2 unit			Denied	U Wetland Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:		Dute.	□ Site Plan maj□ minor □ mm □
Vicki Dover		oril 19, 1996		
				Zoning Appeal
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.				
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
tion may invalidate a building permit and stop all work				
				Denied
	and the second s			Historic Preservation
PERMIT ISSUE				Not in District or Landmark
				Does Not Require Review
			and the second sec	D Requires Review
Mail permit to Gilman Group Const.				Action:
				Provident -
CERTIFICATION				Appoved
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 issued, I certify that the code official's authorized representative shall have the authority to enter all				enter all Date:
areas covered by such permit at any reasonab	le nour to enforce the provisions of the coo	ue(s) applicable to such	i permit	
H I III				
augu tura	385 Main Street, S.P.		9/96 772-0541	- Alen
SIGMATURE OF APPLICANT Lincoln G	ADDRESS:	DATE:	PHONE:	
\bigcirc				7
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE		PHONE:	
White	e-Permit Desk Green-Assessor's Ca	nary-D.P.W. Pink-Pi	ublic File Ivory Card-Inspec	