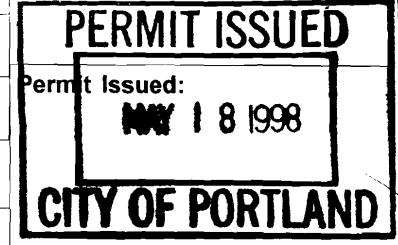


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Permit No: **980495**

Location of Construction: * 92 West Street		Owner: * Jane Elizabeth Lee		Phone: 828-1527	
Owner Address: same		Lessee/Buyer's Name:		Phone:	
Contractor Name: Michael Pock		Address: Grant St., So. Portland, ME		BusinessName:	
Past Use: 1-fam		Proposed Use: 1-fam		COST OF WORK: \$ 2,300	
				PERMIT FEE: \$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: R-3 Type: 5B BOCA 96 Signature: <i>Helfer</i>	
Proposed Project Description: construct porch		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: _____ Date: _____	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Judy Laplante		Date Applied For: 4/24/98			



Zone: R-4 CBL: 63 F 2
 Zoning Approval: OK \$ 14/MAY/98
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: As per H.P. Committee decision
 Approved
 Approved with Conditions
 Denied

Date: 5/12/98
DA

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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

SIGNATURE OF APPLICANT: see pre-application ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT