City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: 253-1620 Permit No: Eric Dunn 46 West Street Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: ***829-6152*** *** Joe Lucey **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: 3,073.00 **\$** 48.00 Multi family same FIRE DEPT. Approved INSPECTION: Use Group 19-2 Type 5 3 ☐ Denied CBL: 063-H-003 Zone; BOCA99 Signature: Zoning Approval: ス٫٫٫٫ҳヤ・ PEDESTRIAN ACTIVITIES DISTRICT (PA/D.) Approved Action: Repair front porch/stairs Approved with Conditions: □ Shoreland (C) Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Oct 31 2000 K **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** □ Not in District or Landmark □ Does Not Require Review Requires Review PERMIT ISSUED WITH REQUIREMENTS Action: Appoved **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 ☐ Approved with Conditions □ Denied 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 Oct 31 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

PHONE:

CEO DISTRICT

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