## 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: Permit No: Patricia Chase 799-9087 001050 210 St John St Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 26 Stonybrook Rd., Cape Elizabeth Permit Issued: Contractor Name: Address: Phone: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$42,000.00 \$276.00 FIRE DEPT. Approved **INSPECTION:** Two-Family Tree-Family Use Group 1-2 Type: 5/2 ☐ Denied CBL: 064-A-010 BOCAGA Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT' (A).A.D.) Action: Approved Special Zone or Reviews Add third floor apartment Approved with Conditions: Denied □ Flood Zone ③ O. Signature: Date: □ Subdivision Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: August 17, 2000 GG Gay1e 500 Excus Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied \*\*\* Call Dan Chase @ 799-9087 Historic Preservation ☑Not in District or Landmark □ Does Not Require Review □ Requires Review Action: 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 ☐ Approved with Conditions 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, □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit August 17, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

**CEO DISTRICT** 

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE