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: Louise Murphy 846-1401 0010 4 3 12 Gilman St. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 30 E. Elm St. Yarmouth, ME Permit Issued: Contractor Name: Phone: Address: 799-4979 Lake Region builders 55 Ocean House, Cape Elizabeth SEP 2 5 2001 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 4,000.00 **\$**48.00 **FIRE DEPT.** □ Approved INSPECTION: Multi- Family Same Use Group: 8-2Type: 5B ☐ Denied Zone: CBL: 064-E-020 BOCA 99 Signature: Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved Special Zone or Reviews Restructure Roof Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: September 11, 2000 GG Gay1e Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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 □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation Mot 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 □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit September 11, 2000 DATE: ADDRESS: SIGNATURE OF APPLICANT PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRIC White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector