City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 3 Cherry St Tonel Postolache Phone: 772-1934 x392 Permit No:

cation of Construction: Owner:			Phone:		Permit No:	
3 Cherry St Ionel Po				772-1934 x392	remit No.	
Owner Address: **125 Grnat St #6 Ptld 04104	Lessee/Buyer's Name:	Phone:	Business		PERMIT IS	0045 SHED 1
Contractor Name: Self	Address:	Phone	Phone:		Permit Issued:	ACCORD COMMAND
Past Use:	Proposed Use:	COST OF WORK \$ 5,000	ζ:	PERMIT FEE: \$ 45.00	44 20	1999
1-Fam	Same	FIRE DEPT.	FIRE DEPT. Approved II Denied II		CITY OF POI	RTLAND
					Zone: CBL: 065-4-007	
Proposed Project Description:		Signature: PEDESTRIAN AG	CTIVITIE	Signature: The Signature: The Signature: The Signature: The Signature: Signature: The Signature: Signature: The	Zoning Approval:	11.0.
	Action: A	Action: Approved Approved with Conditions:			r Reviews!	
Construct Garage Interior Re		Denied			····	
		Signature:		Date:	□Subdivision	
Permit Taken By: SP	Date Applied For:	January 5, 1999			□Site Plan maj I Jim RobbiNi Zoning A	s ppwsays
 This permit application does not preclude the A Building permits do not include plumbing, sep Building permits are void if work is not started tion may invalidate a building permit and stop 	otic or electrical work. within six (6) months of the date		PE WITH I	RMIT ISSUED REQUIREMENTS	□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied Historic Presented Does Not Requestion Doe	servation or Landmark ire Review
					☐ Requires Revie	W
CERTIFICATION						
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable home.	named property, or that the propo s his authorized agent and I agree issued, I certify that the code office	sed work is authorized by the to conform to all applicable cial's authorized representati	laws of thive shall hav	s jurisdiction. In addition,	□ Approved □ Approved with □ Denied Date:	Conditions
	_					
SIGNATURE OF APPLICANT	ADDRESS:	January 5, 1 DATE:	999	PHONE:		
RESPONSIBLE PERSON IN CHARGE OF WORK	TITIF			PHONE:		2
KESI ONSIDEE I EKSON IN CHARGE OF WORK	x, 1111111			THONE.	CEO DISTRICT	TM/KC '

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