

Location of Construction: 28 Forest St		Owner: Lorraine Lowell		Phone:	
Owner Address: 28 Forest St- Ptld ME 04102		Leasee/Buyer's Name:		Phone:	
Contractor Name: Brian Pratt		Address: 92 Leighton Rd - Falmouth me		Phone: 04105 797-3322	
Past Use: 2-fam w porch		Proposed Use: 2-fam w rebuilt porch		COST OF WORK: \$ PERMIT FEE: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group <i>A3</i> Type: <i>5B</i> <i>BOCA 96</i> Signature: _____ Signature: _____	
Proposed Project Description: rebuild porch - same footprint		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Signature: _____ Date: _____	
Permit Taken By: L Chase		Date Applied For: 10/7/96			

Permit No: **961014**

PERMIT ISSUED

Permit Issued:
OCT 10 1996

CITY OF PORTLAND

Zone: *R-6* CBL: *65-E-15*

Zoning Approval: *2 units prior to 1957 per Asses.*

Special Zone or Reviews:

Shoreland *10/9/96 on*
 Wetland *EXISTING footprint*
 Flood Zone *not to exceed*
 Subdivision *not to exceed*
 Site Plan *major* minor mm
EXISTING footprint

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *10/9/96*

D. Andrews

CEO DISTRICT **5**

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

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 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	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE: