City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 12/14 Forest Street Phone: 883-3753 Owner: Permit No: Severino 991085 Owner Address: Lessee/Buyer's Name: **PO Box 368 Scarborough ME 04070 *** Phone: BusinessName: Address: P.O. Box 368 Scar. ME Permit Issued: Contractor Name: Phone: Maine Properties Inc COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$528.00 \$ 83,500.00 12 Unit same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: R-3Type:58 CBL: 065-E-023-025 BGCA96 Signature: Proposed Project Description: Zonińa Approval: 12 PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews Repair entire roof system damage by fire Approved with Conditions: ☐ Shoreland Apt #12 and balance of building damaged by smoke & Water Denied П □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Sept. 24 1999 K. K 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 **I** Not in District or Landmark □ Does Not Require Review ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS 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 Sept. 24 1999 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