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:Q R 450 St John St Cheverie, Douglas 774-6140 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Phone: Contractor Name: Address: 774 Center St Ricky's Pool Auburn, ME 191998 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: 2,299.00 \$ 30.00 CITY OF PORTLAND INSPECTION: 1-fam **FIRE DEPT.** □ Approved Same Use Group: Type: BOCA 9(, 1) ☐ Denied Zone:_ R~5 CBL: 066-F-017 Signature: Signature: Proposed Project Description: Zoning Approvate PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Install 24' A-G Pool Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 15 May 1998 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Call Douglas 774-6140 Historic Preservation □ Not in District or Landmark Dees 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 15 May 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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