City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 189 St. John Street 04102 Robert Moldaver 773-2966 Owner Address: Lessee/Buver's Name: Phone: BusinessName: ***60 Mellen Street 04101 Portland, Maine Permit Issued Contractor Name: Owner to do work Address: Phone: **May 2** 7 1999 Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$ 37,000 205.00 **FIRE DEPT.** □ Approved INSPECTION: 1-Family Same ☐ Denied Use Ground CBL:068-A-005 Zone: T-ML Signature: Zoning Approx Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Review Approved with Conditions: Repair porch, remove exterior staircase and other ☐ Shoreland Denied interior renovations. ☐ Wetland ☐ Flood Zone As Per Plans. □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: SP 5-20-99 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 Historic Preservation Mot in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** □ Appoved ☐ Approved with Conditions 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, □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 5-20-99 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