Location of Construction: Owner: Phone: Permit No: Mr.&Mrs. Coit 55 Carroll Street 04102 775-2580 100 Э́ Q) Lessee/Buyer's Name: Phone: BusinessName: Owner Address: SAA Permit Issued: Contractor Name: Address: Phone: 871-9348 **Raymond T. Keith 309 Spring St. Ptld, ME 04102 SFP 1 5 1S. COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 34,000 \$ 234.00 **FIRE DEPT.** \Box Approved **INSPECTION:** 1-Familv Same Private garage. Use Group: Type: 5 B Denied BOCA96 CBL: Zone 069-D-011 Signature: Signature: 7 Proposed Project Description: Approva PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Re Build detached new garage on slightly larger footprint. Approved with Conditions: □ Shoreland LS Denied □ Wetland E Flood Zone □ Subdivision Signature: Date: □ Site Plan mai Date Applied For: Permit Taken By: 8-8-99 UB **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. 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 tion may invalidate a building permit and stop all work... ** Send To: Raymond T. Keith Denied 309 Spring St. Historic Preservation Portland, ME 04102 □ Not in District or Landmark Does Not Require Review Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS 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 DApproved 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 -8-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 3 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** ub White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716