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: 04102 Ann Monaghan 141 Falmouth St. 991090 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: 155 Falmouth St. Portland, ME Monaghan Woodworks Inc. **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ 174.00 \$ 25,000 Same FIRE DEPT. □ Approved 1-Family INSPECTION: Use Group: 17-3 Type 5 B ☐ Denied BOC A 96 081-D-007 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P/K/D.) Add 8x10 mudroom to 1st floor, Action: Approved Add 14x11 back dorcia 1st fl Approved with Conditions: ☐ Shoreland *d*/2 Add 16 x 8 storage onto garage Denied □ Wetland Add 14x24 master bedroom 2nd fl. ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 9-21-99 KA 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 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 ***Call for Pick Up: Brad 775-2683 Historic Preservation Not in District or Landmark Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS **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 9 - 21 - 99SIGNATURE 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

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