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: 105 Noyes St. 301325 Owner Address: Lessee/Buyer's Name: BusinessName: Permit Issued: Contractor Name: Address: Phone: 329-2455 Independent Home Improvements COST OF WORK: PERMIT FEE: Past Use: Proposed Use: NOV 1 7 2000 **6,000.00** €60.00 Single Family Single Family **FIRE DEPT.** □ Approved INSPECTION: Use Group & Type 5 ☐ Denied CBL: 082-B-008 Signature: Proposed Project Description: Zoning/Approval: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions: Replace & Repair Porch as needed □ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: November 15, 2000 GG ☐ Site Plan mai filminof ☐mm ☐ Permit Taken By: Date Applied For: Gay1e **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 **Historic Preservation** ***Call Bob @ 329-2455 DIVINOT 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 November 16, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: WCEO DISTRICT

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