Location of Construction: Owner: Phone: Permit No: Cleeve St G.D.I. 105 Buy-The-Sea Inc. 3 9 0 7 1 9 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued: Phone: Contractor Name: Address: Don Jackson So. Portland, ME 767-0756 P.O. Box 2297 04116 11 .7 K. **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: \$ 75,000.00 \$ 395.00 **FIRE DEPT.** \Box Approved **INSPECTION:** Vacant Land 1-fam □ Denied Use Group: Type: CBL: 083A-S-004 Signature: Signature: Approval Proposed Project Description: **PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)** Approved Action: Special Zone or Revie Approved with Conditions: □ Shoreland N⁺ Construct 1-fam dwelling Denied □ Wetland □ Flood Zone 7 □ Subdivision Signature: Date: Na Site Plan mai ⊡minor ⊡mm A Permit Taken By: Date Applied For: Mary Gresik 10 April 1998 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use □ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** PERMIT ISSUED Not in District or Landmark Does Not Require Review WITH REOUIREMENTS □ Requires Review Action: CERTIFICATION Devoga □ 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 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 17 March 1999 P.O. BOX 2297 South Portlam 10 April 1998 DATE: SIGNATURE OF APPLICANT ADDRESS: PHONE: Don Jackson **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

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