Location of Construction: 10. Provide the Arris D. J. C. (100) D. T. (100) D. (110) D. (110)			Phone: 617-457-0412 (w)	Permit No: 99060 9
19 Brackett Ave. P.I. Owner Address:	04108 David Cohan Lessee/Buyer's Name:	Phone:	766-5642 (h) BusinessName:	
SAA	Lessee/Buyer's Name:	Phone:	Businessivame:	An and a strategy of the state
Contractor Name:	Address:	Phone:		Permit Issued:
**Jim Pelletier	P.O. Box 5096 Portland,			
Past Use:	Proposed Use:	COST OF WOR		
	r	\$ 5,500	\$ 50.00	
1-Family	Same	FIRE DEPT. 🗆	Approved <b>INSPECTION</b> :	
	Same		Denied Use Group: <b>A</b> Type <b>5</b>	b ? ?
			BOCH 96 - 101	Zone: CBL:
		Signature:	Signature:	084-K-012
Proposed Project Description:			ACTIVITIES DISTRICT (PA.D.)	Zoning Approval: letent
_ /		Action:	Approved U	Special Zone or Reviews:
Construct porch and replace win	dows.		Approved with Conditions:	$\square$ $\square$ Shoreland $\square$
removed mit lod			Denied [	
Ven ound lad				□Flood Zone Zac
from the chiller		Signature:	Date:	□Subdivision
Permit Taken By: UB	Date Applied For:	5 05 00		☐ Site Phan maj ⊡n/inor/⊡mm ⊡
		5-25-99		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
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				
				Denied
				Historic Preservation
				Not in District or Landmark
PERMIT ISSUED				Does Not Require Review
				□ Requires Review
			WITH REQUIREMENTS	Action:
	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 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			6	·,
areas covered by such permit at any reasona	-	-		Date:
		() <b></b>	. F	
				-
		5-26-99		_
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF	WORK TITLE		PHONE:	
REGIONALE I EROON IN CHARGE OF	TT CICIN, III DE		THOME.	
Whi	te–Permit Desk Green–Assessor's Ca	anary–D.P.W. Pink–Pu	ublic File Ivory Card-Inspector	

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