Location of Construction: Phone: Owner: Permit No: **20 Willow Street **Terrence Mulkern 766-4478 P.I. 000327 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: N/A SAA N/A N/A Permit Issued: Contractor Name: Address: Phone: 766-2026 591 Island AVe. P.I. 04108 John Kiely AFK 18 **COST OF WORK:** Past Use: Proposed Use: **PERMIT FEE:** \$ 8,000 \$ 72.00 1-Family Same FIRE DEPT. Approved **INSPECTION:** Use Group 7-3Type:54 □ Denied Zone: IB CBL: BOCH 087-JJ-008 Signature: Signature: Proposed Project Description: Zonina Approva PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Interior renovations, and raise ext. wall 12" and change Special Zone Approved with Conditions: □ Shoreland roofline. Denied □ Wetland □ Flood Zone Signature: Subdivision Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: ub 4 - 12 - 00Zoning 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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work... Denied Historic Preservation PERMIT ISSUED WITH REQUIREMENTS tot in District or Landmark Requires Review 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 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 4 - 12 - 00SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: - PERMIT ISSUE WITH REUSTRIEME **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE:

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

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