City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 9 0 4 9 9 Location of Construction: Owner: Phone: Cardes ava., Pager access Fichard & Audres Grant 755-5007 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 614 Reashord Ave. . Cooker jetard Contractor Name: Address: Phone: 614 Seashers Ave., Palke Island Alchard Crast 765-500. MY 2 D 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: Single family decilities \$ 50.000.00 \$ 170 **FIRE DEPT.** □ Approved INSPECTION: Use Group: R3 Type: 573 ☐ Denied Zone: 1 CBL: 1383-1-044 BOCA96 H Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT'(Construct single that a dwelling as per bir o Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland * Denied □Wetland ☐ Flood Zone -☐ Subdivision Signature: Date: Site Plan maj Qminor □mm . □ Permit Taken By: Date Applied For: 44/29/99 S. ?. Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ 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 □ Not 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 ☐ 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 94/29/99 SIGNATURE OF APPLICANT DATE: PHONE: ADDRESS: 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