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: Q Q Q Q A A
367 Island Ave PI	John Ke		(413)827-0974	/ 7024 4
Owner Address: 208 Long Hill St Springf:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	Address:	Pho		P.P.E.R.MIT ISSUED
** Scottsdale Construction			878-3696	I I I I I I I I I I I I I I I I I I I
Past Use:	Proposed Use:	COST OF WO		
		\$ 50,000	\$ 270.00	MAR 2 2 1999
1-family	Same	FIRE DEPT.		
			Denied Use Group: PBTy	pe:59 CITY OF PORTLAND
			BOC496,	2000-N-001
	L <u></u>	Signature:	Signature:	ken
Proposed Project Description:	PEDESTRIAN	ACTIVITIES DISTRICT (P.	(D.) Zoning Approval:	
		Action:	Approved	Special Zone or Reviews:
Interior Renovations, reb		Approved with Conditions:	Shoreland NA 7244	
			Denied	
		Signatura	Deter	□ Flood Zone Ziver V □ Subdivision
Permit Taken By:	Date Applied For:	Signature:	Date:	
MG		March 15, 1999		4307
	+			/Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				
2. Building permits do not include plumbing, septic or electrical work.				☐ Miscellaneous □ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				
tion may invalidate a building permit and stop				
			TOUT	
			DERMIT ISSUED	/ Historic Preservation
			PERMIT ISSUED WITH REQUIREMENTS	Not in District or Landmark
			WITHTILE	Does Not Require Review
				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				
				ve been Approved with Conditions
authorized by the owner to make this application as				
if a permit for work described in the application is i				nter all Dete:
areas covered by such permit at any reasonable hou	ir to enforce the provisions of the c	code(s) applicable to suc	ch permit	Date:
		March 15,	1999	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	3
RESCONSIDEL I ERSON IN CHARGE OF WORK	,		i HOME.	
White-Per	mit Desk Green–Assessor's C	Canary–D.P.W. Pink–I	Public File Ivory Card-Inspec	tor