City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No: 9 Q Owner: Phone: 6 Cottage Rd Peaks Island Meredith Oliver 761-3875 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 30 Bancroft St Ptld Contractor Name: **Chad Oliver Permit Issued: Address: Phone: 30 Bancroft St Pt1d 04102 761-3875 **FEB** 1-6 1999 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: 1000 25.00 Abandoned **FIRE DEPT.** □ Approved INSPECTION: Use Group: ☐ Denied Type: Signature: Signature: Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Approved with Conditions: Demo building ☐ Shoreland I Denied □Wetland □ Flood Zone Z ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP FEbruary 10, 1999 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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 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 February 10, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT MW/TR

PHONE:

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