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

Location of Construction: 61 Woods Rd, P.I.		Owner: Olbrych, Mark & Ruth		Phone:		Permit No: 981141	
Owner Address: SAA 04108		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: *****Scottsdale Const		Address: 10 Allen Ave Ext Falmouth, ME 04105		Phone: 878-3696		766-4469	
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 66,000.00		PERMIT FEE: \$ 350.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <u>AB</u> Type: <u>5B</u>	
Proposed Project Description: Construct Addition (21 x 29)		Signature:		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: MG		Date Applied For: 28 September 1998		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zone: <u>IR-1</u> CBL: 092-G-031	

**PERMIT ISSUED**  
OCT 7 1998  
**CITY OF PORTLAND**

Zoning Approval: *to remove from family id*  
**Special Zone or Reviews:**  
 Shoreland *HALF IN HALF OUT*  
 Wetland *in Shore Land*  
 Flood Zone *But over 75'*  
 Subdivision *from HWM*  
 Site Plan maj  minor  mm

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**  
 Approved  
 Approved with Conditions  
 Denied  
 Date: *[Signature]*

**PERMIT ISSUED WITH REQUIREMENTS**

**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 is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

29 September 1998

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT 2