

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

Location of Construction: 622 Island Ave, Peaks Isl		Owner: Lasky, Kathleen (New Purchase)		Phone:		Permit No: 971300
Owner Address: SAA Peaks 04108		Lessee/Buyer's Name:		Phone: 780-5971		
Contractor Name:		Address:		Phone:		Permit Issued: DEC 11 1997 CITY OF PORTLAND
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$Less than 1,000.00 PERMIT FEE: \$ 25.00		
Proposed Project Description: Remove portion of interior, <u>non loadbearing wall</u>		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <i>A3</i> Type <i>5B</i> <i>BOCA96</i> Signature: <i>Huffse</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
Permit Taken By: Mary Gresik		Date Applied For: 03 December 1997				

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.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

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

Kathleen Lasky
 SIGNATURE OF APPLICANT Kathleen Lasky ADDRESS: _____ DATE: 03 December 1997 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____
 White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT *6*
m. seary