City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner ARLEN DAVIS Location of Construction: Phone: 799-1936 Permit No: Lessee/Buyer's Name: Owner Address: 110 SUMMIT STREET SOUTH PORTLAND Phone: BusinessName: Contractor Name: ** DAVIS CONSTRUCTION Permit Issued: Phone: Address: ROAD CAPE ELIZABETH ME 04107***** 60 WOODLAND PERMIT FEE: \$384.00 Past Use: Proposed Use: COST OF WORK: 100 \$60,000 VACANT SINGLE FAMILY FIRE DEPT. Approved INSPECTION □ Denied Use Group 1.3 BOX 199 Signature: 7 Signature: Signature: 74 PEDESTRIAN ACTIVITIES DISTRICT Proposed Project Description: Action: Approved Approved with Conditions: AShoreland will □ Wetland NEW SINGLE FAMILY COTTAGE UNFINISHED UPSTAIRS Denied ☐ Flood Zone one 14 Signature: □ Subdivision Date: Permit Taken By: Date Applied For: ASite Plan π NOV 28 2000 JA Zoning This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2, ☐ Conditional Use □ Interpretation € 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... □ Approved □ Denied the Not in District or Landmark PERMIT ISSUED □ Does Not Require Review ☐Requires Review Action: CERTIFICATION □ Appoved 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 ☐ Approved with Conditions 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, ☐ Denied 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 NOV 29 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT**

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