Location of Construction:	Owner:		Phone:	Permit No: 99017 6
61 Jackson Blvd, Cushing			716-381-8248	a a sea a
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
***295 East St Pittsford NY Contractor Name:	14534 Address:	Phone:		Permit Issued:
Smith Construction	Address.	rione:		MAR - 5 1999
Past Use:	Proposed Use:	COST OF WORK	: PERMIT FEE :	
Vacant land		\$ 120,000	\$ 620.00	
w/foundation	same w/l-fam dwelling	FIRE DEPT. A		CITY OF PORTLAND
			enied Use Group: Type:	
			inter obe croup. Type.	Zone: CBL: TR-1 106C-A-024
		Signature:	Signature:	
Proposed Project Description:		PEDESTRIAN AC	CTIVITIES DISTRICT (P.A.D.)	Zoning Approval: The angula
Construct 1-fam dwelling		Action: A	pproved	Special Zone or/Reviews:
(foundation done under p	Approved with Conditions: \Box		\Box Shoreland	
		D	enied I	□ UWetland
			_	
		Signature:	Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By: SP	Date Applied For:	ruary 26, 1999 9		
				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.				
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				Conditional Use
tion may invalidate a building permit and stop all work.				
tion may invariance a contemp permit and stop				Denied
			REAL SCHED	Historic Preservation
FEATURENTS WITH A LEWIENTS				Does Not Require Review
		Wi	A A CALLMENCE	
				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				
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 ho				Date:
		-		
		February 26,	1999	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
			+ _ · · · · · · · ·	
RESPONSIBLE PERSON IN CHARGE OF WOR	S, TTILE		PHONE:	
White-Pe	rmit Desk Green–Assessor's Cana	ny–D.P.W. Pink–Pub	lic File Ivory Card-Inspector	

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

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