

Location of Construction: 56 Pitt St		Owner: Yue, Ricky		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: Ron LeBlanc		Address: 239 Range Rd Cumberland, ME 04021		Phone: 829-4249	
Past Use: 2-fam		Proposed Use: Same		COST OF WORK: \$ 11,000.00 PERMIT FEE: \$ 75.00 INSPECTION: Use Group <i>93</i> Type: <i>5B</i> Signature: <i>[Signature]</i>	
Proposed Project Description: Interior Renovations - Add Bath		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		Signature: _____ Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 25 August 1997			

Permit No: **970944**

PERMIT ISSUED

SEP - 3 1997

CITY OF PORTLAND

Zone: *RS* CBL: 116-C-026

Zoning Approval: *2 units ok per microproj ok with*

Special Zone or Reviews:

Shoreland *conditions*

Wetland *us 8/29/97*

Flood Zone

Subdivision

Site Plan maj minor mm

TO REMAIN 2 UNITS

Zoning Appeal

Variance *No New Kitchen*

Miscellaneous *to be added*

Conditional Use

Interpretation

Approved

Denied

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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

[Signature]
 SIGNATURE OF APPLICANT Ron LeBlanc ADDRESS: _____ DATE: 25 August 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

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: *8/25/97*

[Signature]

CEO DISTRICT 5

D. Jordan