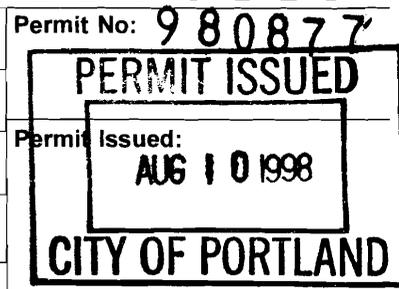


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

| | | | | | |
|---|--|---|--|--|--|
| Location of Construction: 48 Pitt St | | Owner: Harro Jakel/Elizabeth Whitman | | Phone: 772-7389 | |
| Owner Address: SAA 04101 | | Lessee/Buyer's Name: | | Phone: | |
| Contractor Name: | | Address: | | Phone: | |
| Past Use: 4-fam | | Proposed Use: | | COST OF WORK: \$ 7,000.00 | |
| | | | | PERMIT FEE: \$ 55.00 | |
| | | | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| | | | | INSPECTION: Use Group: Type: POC98 Signature: <i>Huffman</i> | |
| Proposed Project Description: Replacement of sills | | | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | |
| Permit Taken By: MG | | Date Applied For: 30 July 1998 | | Signature: _____ Date: _____ | |



Zone: *R-3* CBL: 116-C-021

Zoning Approval: *units of per microfiche*

OK Special Zone or Reviews:

Shoreland *8/5/98*

Wetland

Flood Zone *PLEASE NOTE - CANNAGE house*

Subdivision *is restricted*

Site Plan *major* minor mm *from Apartment use*

per A Zoning Appeal previous

Variance *APPEAL*

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

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

30 July 1998

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT 2

KC/TR