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

Location of Construction: 113 Fessenden Street	Owner: Ward Hand	Phone: Home	772-2407 Office 36	Permit No:	4.0	
Owner Address: 113 Fessenden Street	Lessee/Buyer's Name: Judith WOIf	Phone: Busines		9811	0 U	
Contractor Name: Address:		Phone:		Permit Puri	ISSUED	
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE: \$ 25.00		OCT	(J)	
Residential	Residential	FIRE DEPT. □ Approved □ Denied	INSPECTION: Use Group: Type: BOCA 96 ())	Zon CITY OF P	ORTLAN!	
3 D. U	3. D. U	Signature:	Signature: Hollan	2016 FRI	9-00	
Proposed Project Description:		PEDESTRIAN ACTIVITIE		Zoning Approval: 3	M. Cropin	
Home occupation - massage Action: Approved Approved with C Denied			with Conditions:	Special Zone or Shoreland Wetland	Reviews:	
		Signature:	Date:	□ Subdivision (1/8/98	
Permit Taken By: UB	Date Applied For: 10/7/98			☐ Site Plan maj ☐mínor 忆m/m ☐ Zoning Appeal		
 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 				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied		
		My y		Historic Prese □Not in District or □Does Not Require □Requires Review	Landmark Review	
				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 hour to enforce the provisions of the code(s) applicable to such permit				□ Denied		
		10/7/98				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-		
RESPONSIBLE PERSON IN CHARGE OF WOR	RK, TITLE		PHONE:	CEO DISTRICT	$\frac{1}{2}$	
White-P	ermit Desk Green–Assessor's Ca	nary-D.P.W. Pink-Public File	Ivory Card-Inspector	l L		