## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: \*\*\*\* Miriam S. Maier 143 Craigie St 774-8654 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA 04102 Permit Issued: Contractor Name: Phone: Address: P.O. Box 429 Harold Hinkley Lisbon, ME 721-0843 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 1,407.58 25.00 1-fam dwelling Same **FIRE DEPT.** □ Approved INSPECTION: Use Group A Type 5/2 ☐ Denied BOCAGE CBL: 120-B-008 Signature: Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland N#1 Remove old porch and build new Denied $\Box$ ☐ Wetland □ Flood Zone 2746C Same size, same place Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP 08 March 1999 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Interpretation tion may invalidate a building permit and stop all work.. ☐ Approved ☐ Denied Historic Preservation Not in District or Landmark □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 08 March 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE**

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

CEO DISTRICT