City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 277-279 STEVENS AVE EMIL SORECU 718-275-5563 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Phone: Contractor Name: Address: *** AMS 200 HIGH ST(PROTLADN)ME 04101 775-2066 RALPH LAMB*** COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ 400.00 \$ 30.00 MULTI UNIT SAME **FIRE DEPT.** □ Approved INSPECTION: Use Group: 9-2 Type: 50 ☐ Denied Zone: BOCA99 Signature: Signature: Proposed Project Description Zoning Approval (A)(A).D.) #EDESTRIAN ACTIVITIES DISTRICT Approved Action: Special Zone or Rev Approved with Conditions: REPLACE STAIRS ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: ☐ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: K NOV 30 2000 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Historic Preservation **D**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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit NOV 30 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

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CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE