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

Location of Construction: 82 RACKLEFF STREET	Owner: TRACY ELDRIDGE		Phone:	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	001326
SAA				
Contractor Name:	Address:	Phone	:	Permit Issued:
*** DAVID JELLISON *** 35	MANY OAKS LANE WINDHAM	ME 04062		
Past Use:	Proposed Use:	COST OF WORK \$ 3,748	S: PERMIT FEE: \$48.00	NUV 7 2000
SINGLE FAMILY	SAME	FIRE DEPT. D Signature:	Approved INSPECTION: benied Use Group 7-3 Type: DOC 994 Signature: 7-44	Zone: CBL: 7-5 122-D-012
Proposed Project Description:	·		CTIVITIES DISTRICT (P.A.D.)	Zoning Approval:
8X6 SLIDER Action: Approved UV Approved with Conditions: IIII				□ Special Zone or Reviews: □ Shoreland 11/16/00 □ Wetland 11/16/00 □ Flood Zone of to increte
Permit Taken By: K	Date Applied For:			□ Site Plan maj □minor □mm □
· K		NOV 16 2000		Zoning Appeal
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work				□ Conditional Use □ Interpretation □ Approved □ Denied
			PETTING MENTS	Historic Preservation LENot in District or Landmark Does Not Require Review Requires Review
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 NOV 16 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PHONE:				all Date:
		NOV 16	5 2000 K	1ST MEN'S
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE: PERCO	UHQt-1
			WITH RE	د المراجع
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	
White-Pe	ermit Desk Green–Assessor's C	anary-D.P.W. Pink-Pul	blic File Ivory Card-Inspector	