City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: CHALES MELCHER *** *** 69 PROSPECT STREET 828-1926 001337 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: SAA COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$1,000 \$ 30.00 NUV Z. 1 SINGLE FAMILY SAME **FIRE DEPT.** □ Approved **INSPECTION:** Use Group: A-3 Type: 503 ☐ Denied CBL: BOCA90 124-F-001 Signature: Signature: Zonimu Approvah Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.A.D.) Action: Approved pecial Zorie or Review Approved with Conditions: ☐ Shoreland REPLACE PORCH AND STAIRS Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mái /☐minor ☐mm ☐ Permit Taken By: Date Applied For: K NOV 20 2000 **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 ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **州storic Preservation** LENot 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 Euler 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 20 2000 K SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE:

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

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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CEO DISTRICT