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: Dana & Chris Hurbubise 773-0097 210 Coyle St 981248 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA 04103 Contractor Name: Address: Phone: **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: NOV 2 1998 1,300.00 25.00 **FIRE DEPT.** □ Approved INSPECTION: Duplex Same Use Group Type ☐ Denied BOCAGG Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P. $(22 \times 40'')$ Action: Approved Replace rear porch Approved with Conditions: ☐ Shoreland Construct deck (8 x 22) Denied П □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: MG 23 October 1998 **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 **☑**Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** ☐ Appoved ☐ Approved with Conditions 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 □ 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 26 October 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT