

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

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|---|--|---|--|--|--|--|
| Location of Construction: 113 Coyle St | | Owner: Trinity DayCare Center Inc | | Phone: 761-0655 | | Permit No: 970511 |
| Owner Address: 113 Coyle St- Ptld ME 04103 | | Lessee/Buyer's Name: | | Phone: | | |
| Contractor Name: | | Address: | | Phone: | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAY 29 1997 CITY OF PORTLAND </div> |
| Past Use: daycare for 20 chn (church basement) | | Proposed Use: daycare to 35 chn (church basement) | | COST OF WORK: \$ PERMIT FEE: \$ 25 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: E Type: 3B Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____ | | |
| Proposed Project Description: change of use - XXXX daycare w 35 chn to | | | | Zone: <i>R-5</i> CBL: <i>125-K-013</i> Zoning Approval: <i>microfiche shows 1971 approved for</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland up to 6 children <input type="checkbox"/> Wetland <i>this is less</i> <input type="checkbox"/> Flood Zone <i>5/20/97</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> | | |
| Permit Taken By: L Chase | | Date Applied For: 5/22/97 | | | | |

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

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

[Signature]
SIGNATURE OF APPLICANT

ADDRESS:

DATE: *5-22-97*

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

Zoning Appeal

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation

- ☒ Not in District or Landmark
- ☒ Does Not Require Review
- ☐ Requires Review

Action:

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: *5/23/97*

CEO DISTRICT

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