Leastion of Construction:				
Location of Construction: 575 Forest Ave	Owner: Carol K. Jo	hanson	Phone: 871–9910 BusinessName:	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	- <b>99</b> 0101
438 Deering Ave	Lessee/Duyer s Marie.	r none.	Busilessivame.	DEPT. OF BUILDING INSPECTION I
Contractor Name:	Address:	Phone:		Permann OF DATLAND, ME
Mr. Stuart Carter RS Carter Construction P.O. Box 1138				
Past Use:	Proposed Use:	COST OF WORK	: PERMIT FEE:	
School of Meditation	Bed & Breakfast	<b>\$</b> 37,775	\$ 215.00	
		FIRE DEPT.		
			BOCA96, NO	2018: CBL: ±255 126-E-001
			My Signature: Theffee	
Proposed Project Description:		PEDESTRIAN AC	TIVITIES DISTRICT (14.D.)	Zoning Androval: OKWIN Condutors
			pproved	Special Zone or Reviews:
	Approved with Conditions:		Shoreland N/A 2/9/99	
Change of Use w/Renovations		D	enied	
		Signature:	Data	□ Flood Zone Zone C □ Subdivision
Permit Taken By:	Date Applied For:		Date:	Site Plan maj Eminor Emm
MG		January 21, 1999		Approved
				Zoning Appeal
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.				☐ Miscellaneous ☐ Conditional Use
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.				
				🗆 Denied
				Historic Preservation
PERMIT ISSUED				Not in District or Landmark
WITH REDUIDENTED				Does Not Require Review
PERMIT ISSUED WITH REQUIREMENTS				Requires Review
				Action:
				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 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				I Date:
areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				
February 8, 1999				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
<b>RESPONSIBLE PERSON IN CHARGE OF WORI</b>	K. TITLE		PHONE:	
	-,			CEO DISTRICT KC/TM
White-Permit Desk Green-Assessor's Canary-D PW Pink-Public File Ivony Card-Inspector				

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

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