

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: 46 Codman Street | | Owner: Mary Ricci | | Phone: 775-0070 | | Permit No: 001023 | |
| Owner Address: SAA | | Lessee/Buyer's Name: | | Phone: | | BusinessName: | |
| Contractor Name: Kimball Properties | | Address: ***Graham 650-0882 ***** | | Phone: | | Permit Issued: SEP 14 0 | |
| Past Use: vacant/garage | | Proposed Use: same single family | | COST OF WORK: \$ 0 | | PERMIT FEE: \$ 30.00 | |
| | | | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: 43 Type 53 BOCA 99 Signature: [Signature] | |
| Proposed Project Description: Amend permit 991303 expired changed plans changing garage into cape | | | | Signature: | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date: | |
| Permit Taken By: K | | Date Applied For: Sept 1 2000 K | | | | | |

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

Sept 1 2000

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| 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

**PERMIT ISSUED
WITH REQUIREMENTS**

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|--|--|
| Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review | |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: [Signature] | |
| PERMIT ISSUED WITH REQUIREMENTS CEO DISTRICT <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px;">2</div> | |