

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

Location of Construction: 110 Clifton St. Portland, ME		Owner: *Patricia & Richard Low		Phone: *772-4502		Permit No: <b>000597</b>	
Owner Address: Same		Lessee/Buyer's Name: N/A		Phone: N/A		BusinessName: N/A	
Contractor Name: Homeowner		Address: Same		Phone:			
Past Use: single family		Proposed Use: single family		COST OF WORK: \$ 14,000.00		PERMIT FEE: \$ 108.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R3 Type 5B</i> <i>Doc 299</i>	
				Signature:		Signature: <i>Huffman</i>	
Proposed Project Description: Expand existing sunroom, add bay window & french door				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
Signature:				Date:			
Permit Taken By: G		Date Applied For: May 31, 2000 G					

**Permit Issued:**

**CITY OF PORTLAND**

Zone: *R3* CBL: 0128-B-030

Zoning Approval: *ok - S 6/2/00*

**Special Zone or Reviews:**

Shoreland with *in cond*

Wetland

Flood Zone

Subdivision

Site Plan maj  minor  mm

**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: *S*

**PERMIT ISSUED WITH REQUIREMENTS**

**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

May 31, 2000

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

**PERMIT ISSUED WITH REQUIREMENTS**