## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 Location of Construction: Owner: Phone: 23 Ocean Ave Friends of Day One (previous owner) K&X&P/Buver's Name: Phone: BusinessName: Owner Address: Stephen Sewall Permit Issued: Phone: Contractor Name: Address: Sewall Associates P.O. Box 6610 Portland, ME 04101 774-4755 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ \$ 26,40 CITY OF PORT FIRE DEPT. Approved INSPECTION: Use Group Type: Office ☐ Denied Same CBL: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions: ☐ Shoreland Denied Erect Signage 32 Sq Ft □Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Mary Gresik 26 March 1998 **Zoning Appeal** □∖Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 26 March 1998 ADDRESS: PHONE: DATE: 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

A Rowl