## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 147 Pleasant Ave Portland \*\*\* James Walker 772-4772 Lessee/Buver's Name: Owner Address: Phone: BusinessName: \*\* 165 Clinton Street Portland Maine Contractor Name: Phone: Address: COST OF WORK: Proposed Use: PERMIT FEE: Past Use: SFP 27 1. JJ \$1,200.00 \$36.00 5 unit 4 unit FIRE DEPT. Approved INSPECTION: Use Group: R-2Type 5-3 ☐ Denied BOCA 96 1the Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT ( Action: Approved Special Zone or Approved with Conditions: Change of use convert a 5 unit to a 4 unit and add one wall ☐ Shoreland Denied □Wetland ☐ Flood Zone □ Subdivision Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: K Sept. 22 1999 K Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ 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 tion may invalidate a building permit and stop all work.. □ Approved □ Denied Historic Preservation DeNot in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS 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 □ Approved with Conditions ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

3

**CEO DISTRICT**