City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: 773-8947 Location of Construction: Owner: Permit No: **123 Glenwood Ave Portland 04103 **Thomas Roche Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$30.00 multi family Multi family **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: 131-H-007 Signature: Signature: Zoning Approval: 🕏 👀 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P/A/D.) Action: Approved Special Zon Home Occupation Approved with Conditions: ☐ Shoreland Denied П □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: Oct 28 1999 K K **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Shed with Zan Historic Preservation Mot 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 October 28 1999 SIGNATURE OF APPLICANT ADDRESS: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT