

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

Location of Construction: 41 Berkeley St. 04103		Owner: **Richard Dillihunt		Phone: ** 773-1212		Permit No: 000340
Owner Address: Same		Lessee/Buyer's Name:		Phone:		
Contractor Name: Joe The Carpenter		Address: 25 Kings Grant Raymond ME.		Phone: 655-3091		Zone: R-5 CBL: 131-I-004
Past Use: Single Family		Proposed Use: Same		COST OF WORK: \$ 14,750.00		
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: A-3 Type 5B BOC 499 Signature: <i>[Signature]</i>
Proposed Project Description: Interior Renovation to existing Poolhouse Replace Existing Deck				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		
Permit Taken By: GD		Date Applied For: GD		April 5, 2000		

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..

** Please call Mr. Dillihunt for P/U

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

April 5, 00

PERMIT ISSUED WITH REQUIREMENTS

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