City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: 114 beland st. ATT JOY HELDE Syrab & Arry Michaelon. * * -773-4654 001026 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 110 harrond St. Burnard, or Permit Issued: Contractor Name: Address: Phone: Joeathan um dir. (weney) SEP 1 4 2000 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 1,05%.00 \$30,00 **FIRE DEPT.** □ Approved INSPECTION: $S_{i,j} = \{p_i\}_{i \in I}$ Use Group R. 2 Type: 5 ☐ Denied Zone: CBL: BOCA91 134-7-709 Signature: Signature: 74 Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved Special Zone or Reviews: I spans addition, was II, shad roof located out room of building Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 4432 - 133 September 10, 2003 GC **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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation DNot in District or Landmark ☐ Does Not Require Review PERMIT ISSUED WITH REQUIREMENTS ☐ 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 కాంగ్రామంలో 🚶 📜 🐫 🗀 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