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: 980668
169 Clinton St Peter Raszma				
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
SAA Pt1d, ME 04103				
Contractor Name:	Address:	Pho	Fermit Issued:	
				JIN 2 3 1998
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE:		
		\$ 6,000		
l-fam		FIRE DEPT.	Approved INSPECTI	ON: CITY OF PORTLAND
			Denied Use Group	: V Type: 5
			DOCAG	Zone: CBL: 135-C-018
Proposed Project Description:		Signature:	Signature:	T (D AD Zoning, Approvat
rioposed riojeet Desemption.			ACTIVITIES DISTRIC	1 (1.7.44) 01 010 010
		Action:	Approved	Special Zone or Reviews
KXXXXXX Repair garage -	add 5' to front of structure		Approved with Condition	
barr BaraBa			Denied	
		Signature:	Data	□ Flood Zone □ Subdivision
Domeit Tokon Day	Data Applied For	Signature.	Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By: SP	Date Applied For: 11 Ju	ne 1998		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				🗆 Variance
2. Building permits do not include plumbing, septic or electrical work.				
				Conditional Use
3. Building permits are void if work is no tion may invalidate a building permit a				
tion may invandate a bunding permit	and stop an work		ThERMAN	
			WITH REQUIREMENTS	
			VUI SI	Historic Preservation
			MEL ED	□ Not in District or Landmark
			END	Does Not Require Review
			· · · · · · · · · · · · · · · · · · ·	
				Action:
	CERTIFICATION			
	□ Appoved			
I hereby certify that I am the owner of recor				
authorized by the owner to make this appli-				
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				ity to enter all Date:
areas covered by such permit at any reason	able hour to enforce the provisions of the code	e(s) applicable to suc	h permit	
		12 June 199	8	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	
W	nite–Permit Desk Green–Assessor's Can	arv-DPW Pink-F	Public File Ivory Card_	
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