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: 20027
De laterage lite	103 42 3344 405		12 -13		980937
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	PERMIT ISSUED
ال AA (المال AA)  Contractor Name:	Address:	Phone			Permit Issued:
Contractor Name.	Address.		· Silver	1 <sub>c</sub>	
Past Use:	Proposed Use:		COST OF WORK: PERMIT FEE:		- AUG 2 4 1998
a-ium	Troposed ese.	\$ 13,50%		\$ 15.60	
	.+45 <b>%</b> ♥	FIRE DEPT	FIRE DEPT. □ Approved INSPECTION:		CITY OF PORTLAND
			enied	Use Group: Type:	CITT OF TORTLAND
			cinea	ose Group.	Zone: CBL: 137-7-900
		Signature:		Signature:	<del></del>
Proposed Project Description:			CTIVITIE	S DISTRICT (P.A.D.)	Zoning Approval:
			Approved	Ò	Special Zone or Reviews:
				vith Conditions:	☐ Shoreland
Constituet Second floor addition to rest estatox structure Denied					
					☐ Flood Zone
		Signature:		Date:	□ Subdivision
Permit Taken By:	Date Applied For:	is august 1995			☐ Site Plan maj ☐minor ☐mm ☐
				<del></del>	Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
					☐ Miscellaneous
					☐ 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 permi	t and stop all work				☐ Approved☐ Denied☐
					E Berned
		- IOCUED			□ Not in District or Landmark
PED-AIT ISSUED					☑ Does Not Require Review
		/41			☐ Requires Review
		1,			Action:
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,					□Appoved
	cation is issued, I certify that the code official			ve the authority to enter all	Date:
areas covered by such permit at any reason	onable hour to enforce the provisions of the co	ode(s) applicable to such	permit		
		To deput to both			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
					<b></b>
RESPONSIBLE PERSON IN CHARGE O	F WORK TITLE			PHONE:	- OFF PROTEINS
KESI ONSIDEL I EKSON IN CHAROL O	i wom, mil			I IIOINE.	CEO DISTRICT

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

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