			PERMIT								
City of Portland, Maine - Building or Use 389 Congress Street, 04101 Tel: (207) 874-8703						mit No: 01-0975	Issue Date: AUG 10		CBL:		
Location of Construction:		Owner Name:				Address:	Full Meson of the house, of the place of the	~ P. W.	Phone:		
36 Mackworth St		Dionne Andrea B &			36 Mackworth St						
Business Name: Lessee/Buyer's Name		Contractor Name:			Contractor Address: Phone						
		B & M Construction			PO Box 5155 Augusta						
			Phone:		Permit Type:				Zone:		
					Alterations - Dwellings						
		<u> </u>			Permit Fee: Cost of Work:				ICEO District		
Past Use:		Proposed Use:		1	Perm				CEO District:		
single family home with garage and				me with garage and		\$144.00			2	<u> </u>	
inground pool		inground pool			FIRE 	DEPT:	Approved	INSPE	CCTION:	T (K	
	(includes demonstrated of garage and removed of old prol			Denied Use G			roup: 🕖	Type: St			
							_	Port 1999			
	_	remove	10,	Fold pool	1	1, 1		1	DOCK		
Proposed Project Description						•				.	
replacing existing garage in same location and replaci same location				ng inground pool in		Signature:		Signat	Use Group: 1/ Type: 5/8 BOCA 1979 Signature: T. Monson RICT (P.A.D.)		
						PEDESTRIAN ACTIVITIES DISTRIC			T (P.A.D.)		
					Action	n: Appro	oved \sqcap Ap	roved w	//Conditions	Denied	
							70 1 10	^			
					Signa	Signature:			Date:		
Permit Taken By: dgc		pplied For: 0/2001		Zoning Approval							
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		ws	Zoning Appeal			Historic Preservation		
			Shoreland			☐ Variance			✓ Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.			□ Wetland OK		-	Miscellaneous			Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone Ply		<i>33</i>	Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision			Interpretation			Approved		
			☐ Si	te Plan		Approv	/ed		Approved w/0	Conditions	
			Maj Minor MM			Denied			Denied		
				8/10/01		Date: 8/10/01			Date: 8/10/01		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit f	to make this appli or work describe	med projection doing to the detection of	as his authorized application is is	ne prop d agen ssued,	t and I agree I certify that	to conform the code off	to all a icial's	applicable laws of authorized representations.	of this esentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		_	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE		PHO	NE	