Location of Construction: CLIFTON	Owner:	Phor	ne: H-874-0772	Permit No:
220 Gliffton Street Allison Jones			W-780-8826	000169
Owner Address:	Lessee/Buyer's Name:	Phone: Busi N/A N	nessName:	000107
N/A	N/A		N/A	
Contractor Name: Sewall Associates Inc.Address: P.O. Box 6610, Pt1d, ME 04103Phone: 774-4755			Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	
Fast Use.	rioposed Use.	\$ 7,850	\$ 72.00	
1-Family	Same	FIRE DEPT. □ Approv		
1-ramily			Use Group: A-3Type5B	
			BOCA 99_1 M	
		Signature:	Signature: Hoffee.	R-S 139-C-008 - 1
Proposed Project Description:			TIES DISTRICT (P.A.D.)	Zoning Approval:
Interior renovations to include			Special Zone or Reviews:	
interior renovations to include		ed with Conditions:	\Box Shoreland O //	
		Denied	C	
				□ Flood Zone
		Signature:	Date:	
Permit Taken By: UB	Date Applied For:	3-1-00		□ Site Plan maj □minor □mm □
				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 □ Interpretation
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work				
tion may invalidate a bundling permit and s	Sop an work	Sewall Associates In	n.c.	
	Send 10.	P.O. Box 6610		
Portland, Maine 04103				Historic Preservation
				Add to the District or Landmark Does Not Require Review
			PERMIT ISSUED WITH REQUIREMENTS	
			FRMIT ISSEMENT	5 ·
			PERMEDUIRL	Action:
	CERTIFICATION		WITH	
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,				$n \square Approved with Conditions$
if a permit for work described in the application				
areas covered by such permit at any reasonable			2	Date:
· •	-	_		
		3-2-00		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-
				- Instited
				- DERMIT DEMENTS
RESPONSIBLE PERSON IN CHARGE OF WC	JRK, TITLE		PHONE:	CEO DISTRUCTOUTE
White	Permit Desk Green–Assessor's C	anary–D.P.W. Pink–Public Fil	e Ivory Card-Inspector	CEO DISTRICEOUIREMENTS
				-

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