Phone: 773–1866 Location of Construction: Owner: Permit **9**9 () 8 8 8 Eugene Snyder 40 Austin Street Lessee/Buyer's Name: Phone: BusinessName: Owner Address: SAA Permit issued Address: Phone: Contractor Name: 236-0729 35 Harden Ave, Camden ME 04843 Advanced Sunroom Concepts AUG 2 0 1999 **COST OF WORK:** Proposed Use: **PERMIT FEE:** Past Use: \$ 30,500 \$ 210.00 Same 1-Family FIRE DEPT. Approved **INSPECTION:** Use Group 3 Type 5 12 □ Denied Zone:"⇒CBL: BOCA96 140-F-025 Signature: Signature: Proposed Project Description: Approval **PEDESTRIAN ACTIVITIES DISTRICT (B /D**.) Action: On S.E. side build 12x22 addition split in center by non-Approved Special Zone or Reviews bearing wall 1/2 open to living room 1/2 open to bedroom Approved with Conditions: □ Shoreland Denied (Gambrel Roof) □ Wetland □ Flood Zone Signature: Date: □ Subdivision Site Plan maj Eminor Emm Permit Taken By: Date Applied For: 8-16-99 UB Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work.. Denied ***** Please Send To: Gareth W. Gordon Advanced Sunroom Concepts **Historic Preservation** 35 Harden Ave. Dot in District or Landmark Camden, ME 04843 Does Not Require Review PFRMIT ISSUED □ Requires Review WITH REQUIREMENTS 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 Approved with Conditions 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 8x**\$**\$x99 8-16-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** ub White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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