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: 40 Pya Road Enis Weston 774-4238 Lessee/Buyer's Name: Lynn Weston Owner Address: Phone: BusinessName: SAA Contractor Name: Address: Phone: COST OF WORK: 8 1998 Past Use: Proposed Use: PERMIT FEE: \$ 25.00 1-Family Same FIRE DEPT. □ Approved INSPECTION: ☐ Denied Use Group: R3 Type: 512 Zone- CBL: BOCA96 140-G-015 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Home Occupation for Shiatsu practioner. Approved with Conditions: Change one guest room to office. ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 12/16/98 ub **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ 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 permit and stop all work.. ☐ Approved □ Denied RERMIT IBSUED WITH REQUIREMENTS Historic Preservation Not in District or Landmark Does Not Require Review PERMIT ISSUED □ Requires Review WITH REQUIREMENTS Action: CERTIFICATION ☐ Appoved 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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