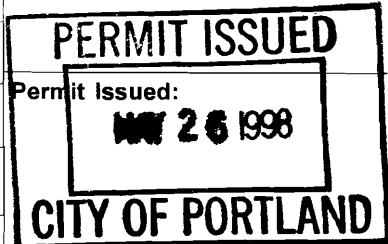


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 23 Carlyle Rd		Owner: Loring, Harold		Phone: 772-2226	
Owner Address: SAA		Lessee/Buyer's Name:		Phone:	
Contractor Name: Self/Owner		Address:		BusinessName:	
Past Use: 1-fam		Proposed Use:		PERMIT FEE: \$ 50.00	
				COST OF WORK: \$ 6,000.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group <i>A3</i> Type <i>53</i>	
				Signature: <i>[Signature]</i>	
Proposed Project Description: Adding (2) 14' dormers on sides of home		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: <i>[Signature]</i>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Date:	
Permit Taken By:		Date Applied For: 19 May 1998			

Permit No: **980535**



Zone: *B-3* CBL: 140-B-021

Zoning Approval: *[Signature]*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 ~~Does~~ Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *22 May 98*

PERMIT ISSUED WITH REQUIREMENTS

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, 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: _____ DATE: 20 May 1998 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

[Signature]

CEO DISTRICT