## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: Location of Construction: Owner: Phone: Delores Hendricksson 772-2088 16 Austin St Lessee/Buyer's Name: BusinessName: Owner Address: Phone: Same Permit Issued: Address: Phone: Contractor Name: \*\*\* Eastern Shore Home Improvements 1 Birkdale Rd Cumberland 04021 DEC - 9 1998 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ 210.00 37,700 CITY OF PORTI 1-Family Same w/addition **FIRE DEPT.** □ Approved INSPECTION: Use Group R 3 Type 5 13 ☐ Denied CBL: 140-F-021 BOCA 96 Signature: 7 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Special Zone or Reviews Action: Approved Construct 15' x 20' Addition w/bath Approved with Conditions: Denied ☐ Wetland □ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 12/2/98 SP **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work... □ Denied WITH REQUIREMENTS Historic Preservation **□**Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ 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 December 3, 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT

PHONE: