Location of Construction: Owner: Phone: Permit No: y 9 061 ** 94 Wellington Rd Ptld 04103 David Haas 207-567-3555 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: RR 1 Clark Rd Stackton Spring Permit Issued: Phone: Contractor Name: Address: נכבי 5 I MI. Bob Thompson Past Use: COST OF WORK: PERMIT FEE: Proposed Use: \$ 45.00 1-fam \$ 5,000 same **INSPECTION: FIRE DEPT.** \Box Approved GH I Use Group: 83 Type: 59 □ Denied Zone: CBL: ROCAŬÃ 141-C-028 Signature: Signature: Zoning Approval **Proposed Project Description:** PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Review Approved with Conditions: □ Shoreland Construct Dormer Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: Site Plan maj Dminor Dmm D Permit Taken By: Date Applied For: SP June 8, 1999 sp Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ 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 Historic Preservation **D**Not in District or Landmark Does Not Require Review □ Requires Review PERMIT ISSUED Action: WITH REOUIREMENTS CERTIFICATION 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit June 9, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 2 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT**

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

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