City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: ** 113 Wellington Road Phone: Qwner: Permit No: 9906115 Ptld, ME 04103 Paul & Maria Spivak 774-8269 Lessee/Buyer's Name: Phone: Owner Address: BusinessName: 113 Wellington Road Permit Issued: Address: Phone: Contractor Name: N/A JUN 28 🖖 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 4,000 \$ 40.00 FIRE DEPT. Approved INSPECTION: Use Group: 93 Type: 5/2 □ Denied 1-Family Same BOCA 96 Zone: CBL; 141-D-005 Signature: Signature: Proposed Project Description: Zonina Approval: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Build shed dormer on second level, add stairs from 1st to Special Zone on Reviews Approved with Conditions: 2nd floor. ☐ Shoreland \(\bar{\chi} \) Denied П ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ 5290 Date Applied For: Permit Taken By: SP 6-24-99 **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 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 *** Mail to: Paul & Maria Spivak **Historic Preservation** 113 Wellington Road ■Mot in District or Landmark Portland, ME 04103 □ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH RECLUREMENTS 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 6-24-99 SIGNATURE OF APPLICANT ADDRESS: DATE: 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

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