

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

Location of Construction: 204 Walton St, 04103		Owner: Kevin Fifield		Phone: *(w) 552-3634 *(h) 797-4883		Permit No: <b>000463</b>
Owner Address: 204 Walton St, 04103		Lessee/Buyer's Name:		Phone:		
Contractor Name: Deck by Owner Pool Services Plus		Address: Greene, ME		Phone: 946-3057		BusinessName:
Past Use:  Single Family Dwelling		Proposed Use:  SAME		<b>COST OF WORK:</b> \$ 2,990.00 <b>PERMIT FEE:</b> \$ 42.00 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: <i>U</i> Type: <i>BOCA 99</i> Signature: <i>[Signature]</i>		
Proposed Project Description:  Install Above-ground pool @ rear of lot Build Two-level deck at rear of house.		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: _____ Date: _____		
Permit Taken By:  GD		Date Applied For:  NC 5-10-2000				

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Call either # for p/u- Kevin

**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

5-10-2000

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

- 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: *[Signature]*

**PERMIT ISSUED WITH REQUIREMENTS**  
CEO DISTRICT 3