

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

Location of Construction: 812 Stevens Ave		Owner: Saltz, Barry & Jeffrey		Phone:		Permit No: <b>980286</b>
Owner Address:		Lessee/Buyer's Name: Dr. Saltz		Phone:		
Contractor Name: DLM Corp		Address: P.O. Box 52 Portland, ME 04112		Phone: 871-1616		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <b>MAR 3 1998</b>  <b>CITY OF PORTLAND</b> </div>
Past Use:  Prof Office		Proposed Use:  Same		<b>COST OF WORK:</b> \$ 68,500.00 <b>PERMIT FEE:</b> \$ 365.00		
Proposed Project Description:  Interior Renovations		<b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		<b>INSPECTION:</b> Use Group: <i>B</i> Type: <i>5B</i> Signature: <i>[Signature]</i>		Zone: <i>B-2</i> CBL: 145-B-030 Zoning Approval: <i>[Signature]</i> 3/27/98 Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____				
Permit Taken By: Mary Gresik		Date Applied For: 26 March 1998				

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..

**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

*David McDonald* P.O. Box 52  
 SIGNATURE OF APPLICANT David McDonald ADDRESS: PORTLAND ME, 04112 DATE: 26 March 1998 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Appoved  
 Approved with Conditions  
 Denied

Date: *3/27/98*

CEO DISTRICT 4  
 A. BOWEN