City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Michael Barriault Phone: Location of Construction: Permit No ****293 Read STreet 04103 Toby S. Rosenberg 772-0491 Owner Address: Lessee/Buver's Name: Phone: BusinessName: SAA Permit Issued: Address: Phone: Contractor Name: Owner COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 25.00 1,000 Same FIRE DEPT. □ Approved INSPECTION: 1-Family Use Group: 12 3 Type 5/2 ☐ Denied BOCA96.1 150-D-003 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Installation of Peachtree door, sliding patio door and Approved with Conditions: □ Shoreland A vinyl replacement window, and wood floor of garage. Denied □ Wetland ☐ Flood Zone □ Subdivision Date: Signature: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 6 - 3 - 99SP **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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation 10 Not in District or Landmark Does Not Require Review ☐ Requires Review WITH REQUIREMENTS 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 6-4-99 ADDRESS: PHONE: SIGNATURE OF APPLICANT DATE:

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:

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