## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 828-0048 1008 Washington Ave. 04103 Port Resources Inc. 000397 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 175 Lancaster St. Suite 217 04101 Permit Issued: Phone: Contractor Name: Address: N/A Eastern Shore Home Improvement 1 Berkdale Rd Cumberland COST OF WORK: PERMIT FEE: ALT PR Proposed Use: Past Use: \$40,000.00 \$ 264.00 Single Family Same **FIRE DEPT.** □ Approved INSPECTION: Use Group: 9-3 Type: 59 ☐ Denied 130CA 99 161-B-041 Signature: Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone of Construct Basement Entrance Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By Date Applied For: April 14,2000 **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. 2. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. \*\*\* Please Call For P/U/\*\*\* ☐ Denied Pager- 821-4992/Scott **Historic Preservation D**∕Not in District or Landmark Does Not Require Review PERMIT ISSUED ☐ Requires Review WITH REQUIREMENTS Action: 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 April 14,2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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