

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

Location of Construction: 19 Inverness St. 04103		Owner: Isabel Furst		Phone: * 773-3391		Permit No: <b>901186</b>	
Owner Address: 19 Inverness St. 04103		Lessee/Buyer's Name:		Phone:			Business Name:
Contractor Name: owner		Address:		Phone:		Permit Issued: 10/27/99	
Past Use: Single family		Proposed Use: Same		COST OF WORK: \$400.00			PERMIT FEE: \$30.00
Proposed Project Description: Replace & Extend Porch		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: A3 Type: 53 BOCA 96	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: <i>[Signature]</i> Date:	
Permit Taken By: GD		Date Applied For: GD October 15, 1999		Zoning Approval: <i>[Signature]</i> 10/27/99		Zone: <b>RS</b> EBL: 168-F-005	

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..

Please call for pick-up  
Dawne 773-3391

**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

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: October 15, 1999 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: 10/27/99

**PERMIT ISSUED  
WITH REQUIREMENTS  
CEO DISTRICT**