City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: 781-7174 23 South Grafton STreet Portland John Jordan Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 19 Mitchellwood Falmouth Gwen L. Lexow Permit Issued: Contractor Name: Address: Phone: **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ 30,00 2 family same **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: Zone: CBL: **V**-- → 169-E-021 Signature: Signature: Zoning Approval Zun + 100 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews Approved with Conditions: Change of use to home occupation what? □ Shoreland Cench Denied □Wetland Computer programing. ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: Aug. 4, 1999 K. **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 3. ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied *** Gwen Lexow Historic Preservation PERMIT ISSUED 23 South Grafton Street Not in District or Landmark **WITH REQUIREMENTS** Portland, Maine 04103 □ Does Not Require Review □ Requires Review 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 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, □ Denied 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 SIGNATURE OF APPLICANT ADDRESS: PHONE:

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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