

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

* Location of Construction: 904 Washington Ave.		Owner: Empire Development L.L.C.		Phone: 934-7622	
Owner Address: P.O. Box W, OOB ME 04064		Lessee/Buyer's Name: Woodford Family Services		Phone: BusinessName:	
Contractor Name:		Address:		Phone:	
Past Use: 1 fam.		Proposed Use: Same as handicapped Family Unit		COST OF WORK: \$ PERMIT FEE: \$ 25.00	
Proposed Project Description: C of U from 1 fam. to handicapped residential H.F.U. <i>Handicapped Family unit.</i>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>13</i> Type: <i>53</i> <i>000296</i> Signature: <i>Hoffner</i>	
Permit Taken By: SP		Date Applied For: Oct 28, 1998		Signature: _____ Date: _____	

Permit No: **981280**

PERMIT ISSUED

Permit Issued:
NOV 9 1998

CITY OF PORTLAND

Zone: *R-5* CBL: 170-B-005

Zoning Approval: *OK* *11/5/98*

Special Zone or Reviews: *NA*

Shoreland Wetland
 Flood Zone Subdivision
 Site Plan maj minor mm

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..

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

10-28-98

SIGNATURE OF APPLICANT ADDRESS: DATE: 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: *[Signature]*

CEO DISTRICT 2