Owner: ANDOVER COLLEGE Location of Construction: Phone: Permit No: 901 WASHINGTON AVE 1117000 Lessee/Buyer's Name: **** DAVID RODWAY 838-9809**** Owner Address: Phone: BusinessName: Permit Issued: Phone: Contractor Name: Address: 0 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: ŧ 0 \$ 34.80 \$ SAME COLLEGE FIRE DEPT. Approved **INSPECTION:** □ Denied Use Group: Type: Zone: ICAL: NOCA9A 170-F-001 Signature: Signature: Zoning Approva Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Ô Action: Approved Special Zone or Review TEMP LIT SIGN FOR SALE OF XMAS TREES IN PARKING LOT Approved with Conditions: □ Shoreland up De Nov 30 For yweeks Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: Site Plan maj Eminor Emm Permit Taken By: Date Applied For: NOV 28 2000 K **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ 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-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. Denied PERMIT ISSUED WITH REQUIREMENTS Historic Preservation Not in District or Landmark Does Not Require Review □ Requires Review Action: 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 □ 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 NOV 28 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** 2

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