## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No 9 Phone: 772-0129 Location of Construction: Owner: Don Hutchings 963 Washington Ave. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 9 Old Town Farm Rd, Gray, ME 04039 Meloons 772-0129 Permit issued: Contractor Name: Address: Phone: Self COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$3,500 \$ 45.00 Retail Space with 1 apartment Retail space with 2 apts. FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: 171-A-011 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Change of Use with renovations. Construct portion of retail Approved with Conditions: ☐ Shoreland → space to apartment on first floor. 714 sq. ft. Denied □Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: MG Permit Taken By: 12/31/98 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. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied \* Send to: **Historic Preservation** Meloons In District or Landmark Don Hutchings ☐ Does Not Require Review 963 Washington Ave. ☐ Requires Review Portland, ME 04103 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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 1/4/99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE