City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit_No: (LOt #14) Scott Dillenback 797-5984 50 Grayston Ln Lessee/Buyer's Name: Phone: BusinessName: Owner Address: 1559 Washington Ave Ext Ptld Address: Phone: Contractor Name: Scarborough, ME 883-2413 120 Ashswamp Rd 04074 Duane Harvey Proposed Use: **COST OF WORK:** PERMIT FEE: Past Use: **46** 2 | 1998 125,300.00 650.00 **FIRE DEPT.** □ Approved INSPECTION: 1-fam Vacant Land ☐ Denied Use Group: Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Rev Construct 2000 Sq Ft Single Family Home Approved with Conditions: □ Shoreland JA w/Attached 2-car garage Denied □ Wetland ☐ Flood Zone Z □ Subdivision Signature: Date: Site Plan maj □minor □mm 🕰 Date Applied For: Permit Taken By: MG 06 August 1998 **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 ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** □ Not in District or Landmark PERMIT ISSUED Does Not Require Review WITH REQUIREMENTS ☐ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit ADDRESS: PHONE: SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRICT

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