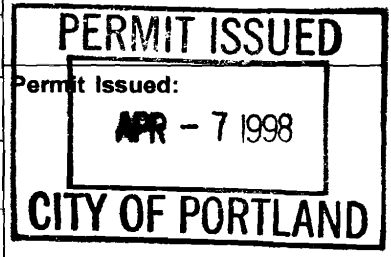


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Permit No. **980318**

Location of Construction: 21 Rosemont Ave		Owner: Russell, Margot		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: Christine J. Albert, C.M.T.		Address: 21 Rosemont Ave Ptld, ME 04102		Phone: 772-8814	
Past Use: 2-fam		Proposed Use: Same		COST OF WORK: \$ _____ PERMIT FEE: \$ 25.00	
Proposed Project Description: Change Use/Home Occupation - Second Floor Certified Message Therapist		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____		INSPECTION: Use Group: _____ Type: _____ Signature: <i>Hoff</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
Permit Taken By: Mary Gresik XXXXXXXXXXXX		Date Applied For: 02 April 1998			



Zone: **R-5** CBL: 176-A-035
 Zoning Approval: *2 units for 1 per parcel for*
 Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone *4/2/98*
 Subdivision
 Site Plan maj minor mm

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: 4/2/98
DA

PERMIT ISSUED WITH REQUIREMENTS

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

Christine Albert
 SIGNATURE OF APPLICANT Christine Albert ADDRESS: _____ DATE: 02 April 1998 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT **4**
A. Powers