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

Location of Construction: 29 CALDWELL ST	Owner: CHU PORN		Phone: 775–5935	Permit No:	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:		
Contractor Name:       Address:       Phone:         *** MATTHEW DASCH       *** 130 HIGHLAND ST PORTLAND ME ****       Phone:				Permit Issued:	
Past Use:	Proposed Use:	COST OF WOI \$ 24,000.00			
SINGLE FAMILY	SAME	FIRE DEPT.	Approved INSPECTION: Denied Use Group 3 Type	5 M	
		Signature:	Signature:	Zone: CBL:176-C-007	
Proposed Project Description:			ACTIVITIES DISTRICT (P.A.D	2.) Zoning Approval:	
SHOPPLL ADDITION BED AND BETH		Action: Signature:	Approved Approved with Conditions: Denied Date:	□ Special Zone or Reviews: □ Shoreland □ Wetland □ Flood Zone □ Subdivision	
Permit Taken By: K	Date Applied For: NO	0V 28 20000			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ 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 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				tion, Denied	
areas covered by such permit at any reasonable	e hour to enforce the provisions of the co	de(s) applicable to suc	h permit		
NOV 28 2000 K					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	PERMIT ISSUED WITH REQUIREMENTS	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:		
White	–Permit Desk Green–Assessor's Ca	anary–D.P.W. Pink–P	ublic File Ivory Card-Inspector		