

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

Location of Construction: 399 Woodford St		Owner: Olore, Pasquale		Phone: 879-0697	
Owner Address: SAA Ptld, ME 04103		Leasee/Buyer's Name:		Phone:	
Contractor Name: Sebago Lake Pool		Address:		Phone:	
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 2,100.00	
				PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type: <i>BICAP 7/1/96</i>	
				Signature: _____	
Proposed Project Description: Install A/G Pool				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
				Signature: _____ Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 01 July 1996			

Permit No: 960637

PERMIT ISSUED

Permit Issued:
JUL - 3 1996

CITY OF PORTLAND

Zone: *R-5* CBL: 176-D-006/007

Zoning Approval:
OK - 7/2/96
Special Zone or Reviews
 Shoreland *shall also be*
 Wetland *ld from*
 Flood Zone *Principal*
 Subdivision *structure*
 Site Plan *major* 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: *7/1/96*

D. Andrews

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 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

Pasquale Olore *399 Woodford St* *Portland Me* *01 July 1996*
SIGNATURE OF APPLICANT Olore, Pasquale ADDRESS: PHONE:

Same
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT 4

K. Carroll