## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Pasquale J & Kathryn M Olore Phone: Permit No: 99031 874-2116 399 Woodford Street Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Contractor Name: Address: Phone: 774-9511 ----Shane or Stan Dobson, Matt Ferrante 878-5732 Bayside Paving Const. **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: \$ 85.00 \$ 13,484 Same 1-Family **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group R-3 Type: 5 B BOCA 96 176-D-007 Signature: Signature: Zoning Abproval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone of Reviews 4x18x10 Addition Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 4-2-99 SP **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 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 WITH REQUIREMENTS \*\*\*\*\*Call for Pick Up 874-2116 Historic Preservation Not in District or Landmark □ Does Not Require Review ☐ 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 4-2-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

**CEO DISTRICT**