## 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: \*\*\* John Lotfey \*\*\*\* 22 XXX Runnells Street 797-5553 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA 26 Brookside Rd Falmouth ME Permit Issued: Contractor Name: Address: Phone: SAA COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 400.00 \$ 30.00 same single family **FIRE DEPT.** □ Approved INSPECTION: Use Group: ☐ Denied Type: Egne, CBL: BOCA Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A)(A.D.) Action: Approved Adding to existing shed Approved with Conditions: □ Shoreland So Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mair ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: Oct 23 2000 K 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 3. □ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Historic Preservation PERMIT ISSUED WITH REQUIREMENTS ☑Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** ☐ Appoved 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 □ Approved with Conditions □ 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 Oct 23 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 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