## 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 797-5553 \*\*\*\* 22 XXX Runnells Street Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA 26 Brookside Rd Falmouth ME Permit Issued: Contractor Name: Phone: Address: SAA COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 400.00 \$ 30.00 single family same **FIRE DEPT.** □ Approved INSPECTION: Use Group: Type: ☐ Denied Zone: CBL: 176-G-002 Signature: Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Adding to existing shed Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: Oct 23 2000 K **Zoning Appeal** □Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** □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 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, □ Denied 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: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector