Location of Construction: Owner: Phone: Permit No: 001153 226 Stevens Ave Portland Me 04103 Robsevelt Arms Condominium Lessee/Buyer's Name: Phone: BusinessName: Owner Address: SAA Permit Issued: Contractor Name: Address: Phone: 508-954-6767***** ****Peter Coore TBD COST OF WORK: PERMIT FEE: 3 Past Use: Proposed Use: \$ \$30,000 204.00 **FIRE DEPT.** \square Approved **INSPECTION:** Condo's same Use Group: U Type: □ Denied **СВL:** 177-G-0<u>02</u> BOCAGO Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews: Approved with Conditions: □ Shoreland Roof antennas and cabinets Denied D Wetland □ Flood Zone □ Subdivision Signature: Date: Site Plan maj 🗆 minor 🗆 mm 🗆 Date Applied For: Permit Taken By: K recuild sempto Oct 11 2000 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Approved tion may invalidate a building permit and stop all work... Denied PERMIT ISSUED WITH REQUIRENTS Aistoric Preservation **D**Not in District or Landmark Does Not Require Review □ Requires Review Action: CERTIFICATION □ 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 PERMIT ISSUED PERMIT ISSUED WITH REQUIREMENTS CEO DISTRICT 3 Octorber 12 2000 K ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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