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: 774-7591 001015 Ann Dufresne 04103 209 Stevens Ave Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Same Permit Issued: Phone: 774-7591 Contractor Name: Address: ***209 Stevens Ave 04103*** 329-7591 Don Dufresne *** COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 750.00 \$ 30.00 Access to Building FIRE DEPT. □ Approved Multi Family Same INSPECTION: Use Group # Type:50 ☐ Denied 177-1-010 Signature: Proposed Project Description Zoning Approva PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews Rebuild exterior steps to 2nd floor Apartment Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: GD Permit Taken By: August 30,2000 Gayle 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 □ Interpretation 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 **L** Not in District or Landmark PERMIT ISSUED WITH REQUIREMENTS ☐ 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 August 30,2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector