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: 774-9000 | Permit No: |
|---|--|---|--|--|
| 78 Madeline St Owner Address: SAA | Chandler, Ch Lessee/Buyer's Name: | Phone: | BusinessName: | 981127 |
| Contractor Name: Tom Hassler | Address: 2 Mayflower Dr. Sca | Phone orborough, ME 04 | : 074 885 - 5907 | PermitPERMIT ISSUED |
| Past Use: | Proposed Use: | * 640.00 | \$ 25.00 | 001 2 |
| 1-fam | Same | FIRE DEPT. ☐ A ☐ D Signature: | Approved INSPECTION: Use Group 13T BOCK 9 Signature: | ype5B zenec EXLOF PORTLANI |
| Proposed Project Description: | | | CTIVITIES DISTRICT (P | Zoning Approval: With Condition |
| Kitchen & Bath Renovations | A | Approved Approved with Conditions: Denied | Special Zone or Reviews: Shoreland 9/29/98 Wetland Flood Zone | |
| | | Signature: | Date: | □Subdivision |
| Permit Taken By: MG | Date Applied For: | 25 September 19 | 98 | ☐ Site Plan maj ☐minor ☐mm ☐ Zoning Appeal |
| This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work | | | | ☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation |
| | | P | PERMIT ISSUED WITH REQUIREMENTS | ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: |
| I hereby certify that I am the owner of recor authorized by the owner to make this applic if a permit for work described in the applica areas covered by such permit at any reason | cation as his authorized agent and I agree to ation is issued, I certify that the code official | d work is authorized by the conform to all applicable l's authorized representati | e owner of record and that I hat I have the authority to | □ Approved □ Approved with Conditions □ Denied |
| | | 28 September 1 | | |
| SIGNATURE OF APPLICANT | ADDRESS: | DATÉ: | PHONE: | |
| RESPONSIBLE PERSON IN CHARGE OF | WORK, TITLE | | PHONE: | CEO DISTRICT |
| Wi | nite-Permit Desk Green-Assessor's C | anary-D.P.W. Pink-Pul | blic File Ivory Card-Inspe | ctor |