

Location of Construction: 141 William St		Owner: Trussell, Sally		Phone: 774-3378	
Owner Address: SAA Ptd, ME 04103		Leasee/Buyer's Name:		Phone:	
Contractor Name:		Address:		BusinessName:	
Past Use: 1-fam		Proposed Use: B & B		COST OF WORK: \$	
				PERMIT FEE: \$ 25.00	
Proposed Project Description: Change Use		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type 5B BOCA Signature: <i>[Signature]</i>	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.O.P.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Mary Gresik		Date Applied For: 01 August 1996			

Permit No: **960758**

**PERMIT ISSUED**

Permit Issued:  
AUG - 5 1996

**CITY OF PORTLAND**

Zone: CBL: 181-A-017  
Contract zone for B & B  
Zoning Approval:  
Approved by Council

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm  jk

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: 8/1/96

*[Signature]*

CEO DISTRICT **6**  
A. Row

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

**CERTIFICATION**

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 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 issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *Sally Trussell* ADDRESS: DATE: 01 August 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: