City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: Location of Construction: Permit No: 9 9 0 5 2 2 ****Thomas A. Caiazzo ***107 Jeanne Street 04102 775-1996 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: Owner | MAY 2 4 1999 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$1,000 \$ 25.00 **FIRE DEPT.** □ Approved INSPECTION: 1-Family Same ☐ Denied Use Group: 4 Type 73 183-B-034 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (1 Action: Approved Build a 10" x 12" foot deck around above ground pool. Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: ☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: UB 5-17-99 75.8507 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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation Mot 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 5-18-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

PHONE: CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE