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: 14 Wingate Dr. 04102 *David P. & Sheila A. McNabb 871-0290 91250 Owner Address: Lessee/Buver's Name: Phone: BusinessName: * 14 Wingate Dr. 04102 Permit Issued: Contractor Name: Address: Phone: **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: \$30,00 Single Family Same FIRE DEPT. □ Approved INSPECTION: Use Group: 93 Type 55 ☐ Denied CBL: 183A-D-001 Zone:7 BOCA96 Signature: Signature: 7 Zoning Proposed Project Description: Approve PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Amend Permit # 991225 Action: Approved Special Zone or Review Changing from 12x16 addition to 14x16 addition Approved with Conditions: ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: KΑ November 12,1999 GD **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. 2. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** □ 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 November 12,1999 SIGNATURE OF APPLICANT ADDRESS: **DATE**: PHONE: WITH REOUIR RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT