Location of Construction: 570 Brighton Ave		Qwner: Estate of Donald M Howland			Phone: ***642-3025		Permit		
Owner Address: 10 Chelsea Dr. Standish, ME 04084	Lessee/Bu	Lessee/Buyer's Name:		Phone: Busine		sName:	- 0	01098	
Contractor Name: Scott Howland - Howland Homes	Address:		Phone:					Permit Issued:	
Past Use:	-	oposed Use: Same		COST OF WORK: \$ 650.00		PERMIT FEE: \$ 30.00			
Multi Family			FIRE DEPT.						
			Signature:		incu	Signature:	Zone:	CBL: 185-C-2013	
Proposed Project Description:				IAN AC	TIVITIE	S DISTRICT (P.A.D.)	Zoning	Approval:	
Add stairs to right side upper	er request of fire d	Action: Approved department Approved with Conditions: Denied			vith Conditions:	 □ N^{d1} Special Zone or Reviews: □ Shoreland □ Wetland □ Flood Zone 			
			Signature:			Date:		bdivision	
Permit Taken By: Jodine	1	Date Applied For: Se	ptember 3	25, 20	00 GG		□Site	e Plan maj ⊡minor⊡mm ⊡	
 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		
					W	PERMIT ISSUED TH REQUIREMENTS	Action	Historic Preservation in District or Landmark es Not Require Review quires Review	
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 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							Denied		
	September 25, 2000							ICCLIED	
SIGNATURE OF APPLICANT	1	ADDRESS:	DATE:			PHONE:		PERMIT ISOURENTS	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					PHONE:		DISTRICT		
White-Pe	rmit Desk	Green-Assessor's Canary		nk_Publ	lic File I	vorv Card-Inspector			

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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