City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Location of Construction: Phone: Permit No:3 2 3 **17 Wolcott Street Eileen M. Doyle & James P. Fecteau 780-6551 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA N/A N/A N/A Permit Issued: Contractor Name: Address: Phone: The Pool Shed AL W P.O. Box 124, Route 35, West Buxton, ME 04093 727-5888 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ 1,750 \$ 36.00 FIRE DEPT. □ Approved INSPECTION: U 1-Family Same ☐ Denied Use Group: Type: BOCA99 Zone: CBL: 185-D-016 Signature: Signature: Zohina Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved Amendment to previous application & issued permit (#000168) Special Zone Approved with Conditions: move and enlarge concrete pad; add lights, diving board. □ Shoreland Denied □ Wetland Additional cost = \$1,750. ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: KA 4-5-00 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work... ☐ Dernied **Historic Preservation** Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: PERMIT ISSUED CERTIFICATION WITH REQUIREMENTS 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 **CERTIFICATION** ☐ Appoved ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

ADDRESS:

SIGNATURE OF APPLICANT

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

4-5-00

DATE:

PHONE: