City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No: 990857 Owner: Phone: ***42 Wolcott Street 04102 Harold & Rosemary Munson (h) 773-7821 (w) 871-2353 BusinessName: Phone: Owner Address: Lessee/Buyer's Name: N/A SAA Permit Issued: Contractor Name: Address: Phone: Chris Ross 11 Keystone Drive, N. Waterboro, ME 247-4761 3 1999 Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$ 2,124.02 \$ 42.00 1-Family **FIRE DEPT.** □ Approved Same INSPECTION: 2.14 ☐ Denied Use Group: R-3 Type: 5% CBL: BOCA 96 185-E-011 Signature: Signature: 7 Zonina Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (D.A.D.) Action: Approved 8x8 screened in existing porch with new roof. Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone □ Subdivision Date: Signature: Date Applied For: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: UB 8-2-99 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation tion may invalidate a building permit and stop all work.. □ Approved □ Denied ****Send To: Harold & Rosemary Munson 42 Wolcott Street Historic Preservation Portland, ME 04102 Mot in District or Landmark □ Does Not Require Review ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 8-2-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** ub White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector