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: 879-0851 29 Bancroft Street Micheal Balzano Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: *** Quatticucci and Sons Phone: 26 Longwood Terr Portland 04102 774-0370 Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$ 4,000 \$ 48.00 2 family same FIRE DEPT. □ Approved INSPECTION: Use Group: P3Type:53 ☐ Denied CBL: E-019 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Special Zone or Reviews: replace front porch Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐ Permit Taken By: Date Applied For: K April 24 2000 K **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 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 Mot in District or Landmark ☐ Does Not Require Review □ Requires Review Action: PFRMIT ISSUED WITH REOUIREMENTS **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 April 24 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: WITH REQUIREMENTS

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

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE