Location of Construction:Owner:Phone:45 Kenilworth St, 04102Gerald & Susan Lasala774-5706			Phone: 774–5706	P010 1951 0
Owner Address: 45 Kenilworth St, 04102	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	or Name: Address: Phone:		Permit Issued:	
New Horizons Ltd Past Use:	20 Arnold Road, 04032 Proposed Use:	COST OF WORK	865–3648 K:  PERMIT FEE:	
	- <b>F</b>	\$1,500.00	\$ 36.00	
Single Family Dwelling	SAME	FIRE DEPT. 🗆 A		
			enied Use Group: P3Type	2000 Zone 🖉 CBL:
		Signature:	BOCA 99 Signature: Xelf	R-3 185-F-024
Proposed Project Description:		CTIVITIES DISTRICT (P	) Zoning Approval	
Replace steps and landing a		Approved UU	Special Zone or Reviews:	
			□ □ Shoreland N/A □ □ Wetland	
			Jenied	□ Flood Zone S/17/0
		Signature:	Date:	
Permit Taken By: NW Date Applied For: NC 5-12-00			□Site Plan maj □minor □mm □	
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance □ 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- tion may invalidate a building permit and stop all work				□ Interpretation □ Approved
tion may invariance a building pormit and	stop un work.			
Please call Barry Save 865.	-3648 when ready			Historic Preservation
Please call Barry Saxe 865-3648 when ready.				Not in District or Landmark
				Does Not Require Review
				3
			DERMIT ISSUED	Action:
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				
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				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, 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				tion, UDenied
areas covered by such permit at any reasonabl				Date:
······································				
		5-12-00		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	·
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				CEOPDISTRICTSUED
White	⊢Permit Desk Green–Assessor's C	anary-D.P.W. Pink-Pul	olic File Ivory Card-Inspector	, IREMENTS I

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

lie lvory Card–Inspector ' y