## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: \*\*\* Tammy Mandeville \*\*\*\*\* 879-0608 79 Whitney aVe -000697 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: SAA JUN 2 9 2000 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: \$30.00 500 00 single family same INSPECTION: Swinner **FIRE DEPT.** □ Approved ☐ Denied Use Group: CBL: 186-C-020 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Review Approved with Conditions: ☐ Shoreland 18x4 Above ground pool Denied □ Wetland ☐ Flood Zone □ Subdivision Date: Signature: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: K June 26 2000 K Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. □ Denied Aistoric Preservation **I** Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS 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 June 26 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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