City of Portland, Mai	ine – Building or U	se Permit Applica	ntion 389 Co	ongress	Street,	04101, Tel: (20°	7) 874-8703, FAX: 87	4-8716	
Location of Construction: Owner:			Phon			772 0882	Permit No: 7 0 1	Permit No: 9 8 1 0 1 6	
280 Brighton Ave Owner Address: Lesse		Walter Graf see/Buyer's Name:		Phone:		773–0882 ssName:	PERMIT ISS	TIED	
SAA 04102	Lessee	buyer s name:	Piloi	ie:	Dusines	ssivame:			
Contractor Name: Address: Owner		Phone:				Permit Issued:	998		
Past Use:	Propos	Proposed Use:		COST OF WORK:		PERMIT FEE:			
			\$			\$ 30.00	CITY OF POR	CITY OF PORTLAND	
1-fam		Same		FIRE DEPT. □ Approved □ Denied		INSPECTION: Use Group: 93 Typ	A Trans CRI	∆− B−Q11	
Proposed Project Description:			Signatu		CTIVITII	Signature: 7 97 ES DISTRICT (P.A.	Zoning Approval	a labo	
Install Patio Do	Action:	A A I	Approved Approved of Denied	Special Zone or I Shoreland Wetland Flood Zone	9 14-19 Reviews: 4				
Permit Taken By:		Date Applied For:	Signatu	re:		Date:	☐ Subdivision ☐ Site Plan maj ☐m	inor □mm □	
Terrini Taken by.	UB	31 Augus	31 August 1998				eal		
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work PERMIT ISSUED WITH REQUIREMENTS							☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Presel ☐ Not in District or It Does Not Require ☐ Requires Review Action:	Landmark	
I hereby certify that I am the cauthorized by the owner to m if a permit for work described areas covered by such permit	ake this application as his aut I in the application is issued, I at any reasonable hour to en	horized agent and I agree certify that the code offic orce the provisions of the	sed work is autho to conform to all cial's authorized r	applicable epresentati de to such	e laws of the ve shall ha permit	nis jurisdiction. In add ave the authority to en	□ Approved □ Approved with Co	nditions	
SIGNATURE OF APPLICAN	Γ	ADDRESS:	DA			PHONE:			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:								3	
	White-Permit De	sk Green-Assessor's	Canary-D.P.W.	Pink-Pul	blic File	Ivory Card-Inspecto	or ML/MW		