## 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: 207-774-5005 Permit No: 16 6 14 04102 \*\*\* Vincent L & Romona M Marciss 74 Craigie St. wk 828-0920 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: N/A N/A Permit Issued: Contractor Name: Address: Phone: Not Given Gilbrator Pool Co. Not Given COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 10,000 \$ 84.00 1-Family Same FIRE DEPT. □ Approved INSPECTION: Use Group: U Type: ☐ Denied BOCA 99 CBL: 187-A-037 Signature: Signature: Zonipa Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews Approved with Conditions: Install above ground pool 18 x 32. □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐mmor Date Applied For: Permit Taken By: UB 5-4-00 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. □ 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.. □ De fied \*\*\* Call for Pick Up **Historic Preservation** 774-5005 H Not in District or Landmark 828-0920 W □ Does Not Require Review □ Requires Review 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 □ 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 5-5-00 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