

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

Location of Construction: 74 Craigie St. 04102		Owner: Vincent & Ramona Marcisso		Phone: cell-653-6702 774-5005/828-0920(w)		Permit No: 91284
Owner Address: 74 Craigie St. 04102		Lessee/Buyer's Name:		Phone:		
Contractor Name: Vincent marcisso Jr.		Address: Box 24 Portland 04102		Phone: 828-0920		COST OF WORK: \$ 25,000.00 PERMIT FEE: \$ 180.00 INSPECTION: Use Group: Type: Signature: Signature:
Past Use: Single Family		Proposed Use: Same		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: 2nd Story Addition		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: Date:		<p style="text-align: center;">PERMIT ISSUED WITH REQUIREMENTS</p> <p style="text-align: center;">CERTIFICATION</p> <p>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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit</p> <p style="text-align: right;">November 9, 1999</p>
Permit Taken By: UB		Date Applied For: GD November 9, 1999				

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE: