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: Permit No: 04102 Dr. Michael Bedecs ** 774-4203 1375 Congress St. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: N/A Phone: Contractor Name: Address: 812 Congress St. 04101 1-888-2859 ext.84547(cell) Bill Thompson 2 2000 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: Single Family w/Dr. office \$ 2,000.00 \$ 36,00 Same FIRE DEPT. Approved INSPECTION: Use Group 2 - Type ☐ Denied BOC 199 CBL: 188-A-002 Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Construct 7 x 10 Addition/Back side of building Special Zone or Reviews Approved with Conditions: ☐ Shoreland Denied \Box □Wetland ☐ Flood Zone □ Subdivision Signature: Date: Site Plan mai □minor □mm □ Date Applied For: Permit Taken By: NW GD May 4,2000 1220 Foning Appea Ú 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... ☐ Denied ** Please call 774-4203 when ready Historic Preservation Mot in District or Landmark PERMIT ISSUED WITH REQUIREMENTS □ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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, ☐ Denied 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 May 4,2000 ADDRESS: SIGNATURE OF APPLICANT DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE: