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

Location of Construction: 24 Bradley st	Owner: Helen M. Scalia		Phone: 828–0932	Permit No: 980620
Owner Address: SAA 04102	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: William E. Bruce	Address: SAA			Permit Issued: JUN 1 6 1998
Past Use:	Proposed Use:	COST OF WORK: \$ 12,000.00		
l-fam		FIRE DEPT.	nied INSPECTION: Use Group: U Typ	Zone: CBL: 188-A_020
Proposed Project Description: Construct detached garage (24 :	x 32)	PEDESTRIAN ACTIVITIES DISTRICT (PAPE). Action: Approved Approved with Conditions: Implement Denied Implement		□ Special Zone or Reviews: □ □ Shoreland N/A
		Signature:	Date:	□Subdivision
Permit Taken By: MG	Date Applied For:	08 June 1998		☐ Site Plan maj □minor □mm □ Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 				□ Variance □ Miscellaneous □ Conditional Use
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.				□ Interpretation
			WITH REQUIREMENTS	Historic Preservation □Not in District or Landmark Does Not Require Review □Requires Review
			•	Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable he	as his authorized agent and I agree to cor issued, I certify that the code official's a	form to all applicable 1 uthorized representative	aws of this jurisdiction. In add e shall have the authority to en	dition, Denied
08 June 1998				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	
White–Pe	ermit Desk Green–Assessor's Cana	ry–D.P.W. Pink–Publ	ic File Ivory Card–Inspecte	or l