Location of Construction:	Owner:		Phone:	Permit No:
51 Sewall Street	51 Sewall St. Condor		Dr. Miller 774-576	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	000894
SAA				Bermit Joound
Contractor Name:	Address:	Phone: 773-5504		Permit Issued:
Maine State Builders	245 warren ave Portland			5 - 100
Past Use:	Proposed Use:	\$ 89,600	Yermit fee: \$ 564.00	
Doctors office	same	FIRE DEPT. DA	Approved INSPECTION :	
			enied Use Group: B Type: 2	BER
		Signature:	4m7 BacA994	Zone: CBL: 190-D-006
Proposed Project Description:			CTIVITIES DISTRICT (PAD.)	Zoning Approval:
				□ Special Zone or Reviews:
				□ Special Zone of Reviews:
17x17 addition cover walk way				□ □ Wetland
				Flood Zone
		Signature:	Date:	☐ Subdivision
Permit Taken By:	Date Applied For: Aug 3	2000 K		Site Plan maj ⊡minor ⊡mm □
K	Aug 5			Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance from K. data
				□ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.				\Box Conditional Use 9200
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				□ Interpretation
tion may invalidate a building permit and stop all work				Approved Denied
				Demed
				Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS				
				Does Not Require Review
				□ Requires Review
			WITH REQUIRE	Action:
CERTIFICATION				
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				all Date:
areas covered by such permit at any reasonable h	nour to enforce the provisions of the code	(s) applicable to such p	permit	
		Aug 3 2000		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	— <u> </u>
				PERMIT ISSUED
DECONICIDI E DEDCON IN CHADCE OF WO			14/11	H REALIDEMENTO 3
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: WITH				CEO DISTRIOT 2
White-F	ermit Desk Green–Assessor's Cana	ry–D.P.W. Pink–Put	blic File Ivory Card-Inspector	<u> </u>

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

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