

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

Location of Construction: ***99 Capisic Street		Owner: Vincent & Tracy Devlin		Phone: 865-4594		Permit No: <b>000081</b>
Owner Address: N/A		Lessee/Buyer's Name: N/A		Phone: N/A		
Contractor Name: Retco Renovators Inc. Bob Thomson		Address: N/A		Phone: N/A		Permit Issued:
Past Use:  Single Family		Proposed Use:  Same		<b>COST OF WORK:</b> \$ 73,000 <b>PERMIT FEE:</b> \$ 474.00 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group <i>R-3</i> Type: <i>53</i> <i>BOCA 96</i> Signature: <i>Hoffner</i>		
Proposed Project Description:  Rebuilding chimneys (3) along with interior renovations.				<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zone: <i>R-3</i> CBL: 193-E-006 Zoning Approval: <i>OK 2/4/00</i> <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <i>to remain</i> <input type="checkbox"/> Wetland <i>15 single</i> <input type="checkbox"/> Flood Zone <i>family</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> min <input type="checkbox"/>
Permit Taken By: KA		Date Applied For: 2-2-00				

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..

Send To: Vincent & Tracy Devlin  
99 Capisic Street  
Portland, ME 04103

**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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

2-2-00

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

PERMIT ISSUED  
WITH REQUIREMENTS

**Historic Preservation**  
☒ Not in District or Landmark  
☐ Does Not Require Review  
☐ Requires Review

**Action:**  
☐ Approved  
☐ Approved with Conditions  
☐ Denied

Date: *S*

PERMIT ISSUED  
CEO DISTRICT  
ub