Location of Construction: Owner: Phone: Permit No: 00114346 Frost St. David & Kelly Barry 874-2856 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 46 Frost St. Permit Issued: Contractor Name: Address: Phone: *** ***E.G. Johnson Co., Xx&XX 3 Cliff St., Portland 773-1630 **COST OF WORK: PERMIT FEE:** Past Use: Proposed Use: : 3 2002 \$20,000 \$144.00 Single Family Single Family **FIRE DEPT.** \Box Approved INSPECTION: □ Denied Use Group: A-3 Type:51 Zone: CBL: BOCAGA 194-C-001 Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT **Á**.D.) Action: Approved Relocate existing bathroom, new floor Special Zone or Reviews: Approved with Conditions: □ Shoreland Denied □ Wetland □ Flood Zone Signature: Date: □ Subdivision Site Plan maj Ominor Omm O Permit Taken By: Date Applied For: Gay1e October 11, 2000 GG Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Interpretation □ Approved tion may invalidate a building permit and stop all work.. PERMIT CHEDINE WITH TE Denied Historic Preservation Det in District or Landmark Does Not Require Review □ Requires Review Action: CERTIFICATION □ Appoved 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 □ Approved with Conditions 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit HEEMENTS October 11, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 3 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: CEO DISTRICT White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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