## Location of Construction: Owner: Phone: **Permit No:** 14 Stevens Avenue 04103 L.E. Lydon Inc. 799-5495/799-2731 000150 Lessee/Buyer's Name: Phone: **Owner** Address: BusinessName: 183 Mitchell Rd. Cape Eliz. 04107 N/A Permit Issued: Contractor Name: Address: Phone: 04107 183 Mitchell Rd. Cape Elizabeth Proposed Use: COST OF WORK: L.E. Lydon Construction Inc. MAF **PERMIT FEE:** Past Use: Proposed Use: \$ 2,304.00 \$ 380,000,00 Condominiums Same FIRE DEPT. Approved **INSPECTION:** Use Group: R-3 Type: 5B □ Denied MyLT.SIngle Zone: CBL: BOC 4 194-C-043 1 then " Signature: Signature: 7 Proposed Project Description: PEDESTRIAN ACTIVATIES DISTRICT/(P/A.D.) Action: Approved Construct 2 Two Story Buildings Approved with Conditions: (1-4 Unit & 1-2 Unit) Denied □ Flood Zone 2 Signature: □ Subdivision Date: Site Plan maj Ominor Omm O Date Applied For: Permit Taken By: Special DEPAPDOVAS GD GD January 24,2000 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 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 Larry Lydon\*\*\*\* Historic Preservation 799-5495 For Pickup DNot in District or Landmark Does Not Require Review □ Requires Review PERMIT ISSUED WITH REQUIREMENTS 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 Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit January 24,2000 SIGNATURE OF APPLICANT **ADDRESS:** DATE: PHONE: PERMIT ISSUED. CECHUIHBEOURE **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: 3 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