City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No. 9 D 30 ***62 Frost Street Joseph Discatio 775-1251 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Contractor Name: Address: Phone: P.O. Box 124 Buxton, ME 04093 Poolshed APR - 9 1999 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: \$ 15,000 95.00 Single Family Same INSPECTION: Swim May **FIRE DEPT.** □ Approved Use Group: U Type: ☐ Denied BOCA 96 CBL: 194-C-062 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.X.D.) Action: Approved Special Zone or Rev Install inground pool Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: UB 4-7-99 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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.. ☐ Denied Historic Preservation Not in District or Landmark MITH REQUIREMENTS 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 4---7-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**