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

Location of Construction:	Owner: ******Benjamin Smith			1390	Permit No:
148 Capisic Street Owner Address:	Lessee/Buyer's Name:	Phone:	Busines		000360
SAA	Lessee/Buyer s Name.	Pilone:	busines	siname:	10000 E
Contractor Name: SAA	Address:	Phone:		Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK: \$ 3,500		<b>PERMIT FEE:</b> \$ 90.00	
single family	same	FIRE DEPT. ☐ Approved ☐ Denied		INSPECTION:	
		Signature:	cilled	Use Group: 3-3 Type: 573  BOCA 994  Signature: And Solve	Zone: CBL: 195-B-027
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
010 0	Action: Approved			Special Zone or Reviews:	
8x18 Sunroom addition	Approved with Conditions:			Shoreland 4/13/00	
		Signature:		Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By: K	Date Applied For: April	7 2000 К			□ Site Plan maj □minor □mm □
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					<b>Zoning Appeal</b> ☐ Variance
					☐ Miscellaneous
					☐ Conditional Use
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					☐ Interpretation ☐ Approved
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					Historic Preservation
					Not in District or Landmark
					☐ Does Not Require Review
					☐ Requires Review
PERMIT ISSUED					Action:
CERTIFICATION WITH REQUIREMENTS					□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, 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					□ Denied
areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit					Date:
April 7 2000					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
					DED. 100 100 100
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					MILLI UTAPIUE MENIZ