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 9 0 4 0 8 773-7123 Daniel & Cecilia Nickerson 41 Haywood St Owner Address: Lessee/Buyer's Name: Phone: BusinessName: **SAA Ptld 04102 Permit Issued: Phone: Contractor Name: Address: Self. 3 10 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: Same w/deck \$ 35 (pre-cut) \$ 2200 1-fam INSPECTION: **FIRE DEPT.** □ Approved Use Group: 13 Type: 53 ☐ Denied Zone: CBL: BOCA96 196-G-018 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Construct rear deck Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: April 23, 1999 MN 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-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation Not 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 □ 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 April 26, 1999 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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CEO DISTRICT