

Location of Construction: **41 Haywood Street 04102		Owner: ** Cecilia Nickerson		Phone: 773-7123		Permit No: <b>990945</b>	
Owner Address:		Lessee/Buyer's Name: n/a		Phone:		BusinessName:	
Contractor Name: Homeowner		Address:		Phone:		Permit Issued: SEP - 1 1999	
Past Use: 1-Family		Proposed Use: Same		COST OF WORK: \$ 1500		PERMIT FEE: \$ 36.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>4-3</i> Type <i>5B</i>	
				Signature:		Signature: <i>Hoffner</i>	
Proposed Project Description: Finished Room in Basement.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/>		Zone: <i>R-3</i> CBL: 196-G-018	
				Action: Approved with Conditions: <input type="checkbox"/>		Zoning Approval: <i>ok with conditions</i>	
				Action: Denied <input type="checkbox"/>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: SP		Date Applied For: 8-19-99		Signature:		Date:	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

\*\*\*Send to: Cecilia Nickerson  
41 Haywood Street  
Portland, ME 04102

**PERMIT ISSUED  
WITH REQUIREMENTS**

**CERTIFICATION**

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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

8-19-99

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

CEO DISTRICT 3  
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