Location of Construction: Phone: Owner: Permit No: 40 Garrison St Joanne Soule 773-7161 981193 Owner Address: Lessee/Buyer's Name: Phone: BusinessName 40 Garrison St Pernoussadd:T ISSUED Address: Contractor Name: Phone: COST OF WORK: Past Use: **PERMIT FEE:** Proposed Use: OCT **I 6** 1998 \$ 8900 \$ 65.00 1-fam dwelling same w/garage **FIRE DEPT. D** Approved **INSPECTION:** Use Group: U Type 53 □ Denied BOCA96 flee 212-A-00 ネン Signature: Signature: Zoning Approval; Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Re Approved with Conditions: □ Shoreland 24' x 24' garage w/trussed roof on slab п Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: Site Plan maj Dminor Dmm D Date Applied For: Permit Taken By: SP October 2, 1998 **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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. Denied Call picking when issued with left Historic Preservation PNot in District or Landmark Does Not Require Review BRequires Review Action: CERTIFICATION Appoved 1 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 October 5, 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: Colin Greig **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

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