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: 1190 Westbrook, Street Lynn Abood 839-6149 Owner Address: Same Lessee/Buyer's Name: Phone: BusinessName: Contractor Name: Richard DiMauro Address: Phone: Box 298 Tobey Road, New Gloucester, ME COST OF WORK: PERMIT FEE: Past Use: Proposed Use: OCT | 6 1998 32,075 180.00 Reconstruction of foundation\$ Build new kitchen, bath, **FIRE DEPT.** □ Approved INSPECTION: Use Group: 7-3 Type: 59 laundry room, stairway, & ☐ Denied Historical Preservation CBL: BOCAGE 213-A-009 Signature: Signature: Approvali Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PMD.) Reconstruct foundation for ell. Approx. 36'x13' and build Action: Approved kitchen, bath, laundry room within. Remove *kimenxx chimney Approved with Conditions: Shoreland Corn add new stariway access to 2nd floor. Denied □ Wetland □ Flood Zone Enec map 12 Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: UB 10-9-98 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. 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 Neguires Review 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 ☐ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 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