## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 8 0 4 5 9 Location of Construction: Phone: 8 Garrison St. Ext. James & Debra Robbins 828-7913 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: same Permit Issued: Contractor Name: Address: Phone: - 7 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 4,000 40 singl family single family CITY OF PORTLAND **FIRE DEPT.** □ Approved **INSPECTION:** Use Group: U Type: 5/4 ☐ Denied Zone: CBL: BOCA 96 213 F 10 Signature: Signature: 7 Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Reviews Approved with Conditions: repair existing barn ☐ Shoreland Denied □Wetland ☐ Flood Zone ( ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Judy Laplante 4/29/98 **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ 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 **CERTIFICATION** □ Approved ~1/0( k □ Approved with Conditions 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 □ 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 SIGNATURE OF APPLICANT 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