

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

Location of Construction: 13 Machigonne St.	Owner: Timothy Conley	Phone:
Owner Address: SAME	Lessee/Buyer's Name:	Phone:
Contractor Name:	Address:	Phone:
Past Use: 1 family	Proposed Use: 1 family and Business Service use	COST OF WORK: \$ PERMIT FEE: \$ 25.00
Proposed Project Description: change of use to allow Business Service use	FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:	INSPECTION: Use Group: R-3 Type: 50 BOCA 96 Signature: [Signature]
Permit Taken By: Marge Schmuckal	Date Applied For: 2/9/98	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____

Permit No: **980106**

PERMIT ISSUED

Permit Issued:
FEB 17 1998

CITY OF PORTLAND

Zone: **RP** CBL: **224A-F-6**

Zoning Approval: **OK with Special Zone or Reviews: Conditions 2/11/98**

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation **1/22/98**
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: **2/11/98**

MA

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

see signed letter

SIGNATURE OF APPLICANT: **Michael H. Hall Attny** ADDRESS: **95 Exchange St -** DATE: **2/9/98** PHONE: **774-3906**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT **4**

A. Powers