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

Location of Construction:  ***31 Machigonne St. 041	Qwner: 02-2019 Carole J. Ansh	neles	Phone: 767-7172- 874-0579-res.	Permit No: 991141
Owner Address: SAA	Lessee/Buyer's Name: N/A	Phone: owner SAA	BusinessName: N/A	PROTEST OF
Contractor Name: Sappier's Roofing Inc.	Address: Phone: Phone: 892-8367			Permit Issued: 0CT   9   1999
Past Use:	Proposed Use:	COST OF WORK: \$ 4,900	<b>PERMIT FEE: \$</b> 54.00	OCT 1 9 1999
1-Family	Same	FIRE DEPT.   Ap  Der	Use Group: 17-3 Type:	Zone: CBL: 22/4C-008
Proposed Project Description:	ription:    Signature:   Signat		1	
Install vellux 46"x30" ventilat (In connection with re-roofing)	Approved with Conditions: Denied		Special Zone or Reviews:  Shoreland Wetland Flood Zone	
Permit Taken By:  KA	Date Applied For:	10-8-99	Date:	☐ Subdivision ☐ O/ 1 O/ 9 ☐ Site Plan maj ☐ minor ☐ mm ☐
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
tion may invalidate a building permit and stop all work  **Send to: Carole J. Ansheles 31 Machigonne St. Portland, ME 04102-2019  PERMIT ISSUED WITH REQUIREMENTS  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.				□Approved
				□ Does Not Require Review □ Requires Review
				ion, Denied
if a permit for work described in the applicate areas covered by such permit at any reasonate.				r all Date:
		10-12-99		
SIGNATURE OF APPLICANT	ADDRESS:	<del>10=21-99</del> DATE:	PHONE:	PERMIT ISSUED WITH REQUIREMENTS
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	CEO DISTRICT
Whi	te-Permit Desk Green-Assessor's C	anarv-D.P.W. Pink-Publi	c File Ivory Card-Inspector	ub