

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

Location of Construction: 47 Rowe Ave, , 04101		Owner: Beletu A. Smith		Phone: 772-4683		Permit No: 000489
Owner Address: 47 Rowe Ave. , 04101		Lessee/Buyer's Name:		Phone:		
Contractor Name: Gibraltar		Address: Topsfield, MA.		Phone:		Zone: R-3 CBL: 260-A-007
Past Use: Single Family Dwelling		Proposed Use: SAME		COST OF WORK: \$ 14,000.00		
Proposed Project Description: Build Above-ground pool		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland 5/15/00 <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: GD		Date Applied For: NC 5-10-2000		Action: Approved with Conditions: <input type="checkbox"/>		
				Action: Denied <input type="checkbox"/>		PERMIT ISSUED WITH REQUIREMENTS
				Signature: _____ Date: _____		

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

Call 772-4683 for P/u

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

5-10-2000

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

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

PERMIT ISSUED WITH REQUIREMENTS