## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: Lisa & John Gallagher 520 Capisic Street 871-8682 981170 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 520 Capisic Street Contractor Name: Address: Phone: Avery Services 7 Thomas Dr. Westbrook 772-8687 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 3895.00 Residential same **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied BOCA 96 260-G-003 Signature: Zoning Approvat Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT ( Action: Approved Installation of a condensing unit with fan coil Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Date: Signature: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: IIB 10/6/98 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 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 Action: **CERTIFICATION** □Appoved □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 10/7/98 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
PHONE:

**CEO DISTRICT**