City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No: ***774-9316 or 791-4201 21 Terrace Avenue **John Murphy & Patrice Perreault Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: Westbrook Daves Pool COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$1000 30.00 INSPECTION: UNIX **FIRE DEPT.** □ Approved Use Group: 9 Type: 57 ☐ Denied Single family same CBL: 263-C-042 Signature: Signature: U Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P. Action: Approved Approved with Conditions: □ Shoreland Denied □ Wetland above ground pool ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 5/8/00 NW **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Please call when ready Historic Preservation Mot 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 5/8/00 DATE: ADDRESS: PHONE: SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector