## **PERMIT ISSUED**

Permit No: Issue Date: CBL: City of Portland, Maire - Building or Use Permit Application 03-1147 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 044 I008001 Location of Construction: Owner Name: Owner Address: Phone: 58 Gray St Purington Matthew C & 63 Alba St 761-2139 Business Name: Contractor Name: Contractor Address: Phone Richard Johnson 743 Congress Street Portland 2077745110 Lessee/Buyer's Name Phone: Permit Type: Alterations - Duplex Past Use: Proposed Use: Permit Fee: Cost of Work: CEO District: \$1,000.00 Duplex w/brick repair & window \$30.00 Duplex FIRE DEPT: sill replacement INSPECTION: Approved Use Group: Denied Proposed Project Description: Re-point bottom two feet of brick foundation.reuair damaged section & Signature: replace window sills PEDESTRIAN ACTIVITIES DISTRICT (PLA)D. Action: Approved Approved w/Conditions Denied Signature: Permit Taken By: Date Applied For: **Zoning Approval** 09/22/2003 jmb **Special Zone** or Reviews **Zoning Appeal** Historic Preservation 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Shoreland Variance Not in District or Landmarl Federal Rules. Not Require Review Wetland Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. Flood Zone Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building Subdivision Interpretation Approved permit and stop all work... Site Plan □ Approved Approved w/Conditions Denied. Denied

## **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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK TITLE		DATE	PHONE