City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No. Location of Construction: Owner: Phone: 775-5445 ¥ 130 Taft Ave Sun-Neak Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Contractor Name: Phone: Address: SAA COST OF WORK: **DEC | 1998** PERMIT FEE: Past Use: Proposed Use: \$ 25.00 \$ 400.00 Same 1 Family INSPECTION: DECK **FIRE DEPT.** □ Approved Use Group 3 Type: 53 ☐ Denied BOC 446 CBL: 273-A-014 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (E Action: Approved Special Zone or Reviews Approved with Conditions: Construct Deck. Exterior Renovations. ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP 12-9-89 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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 ☐ 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 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, □ Denied 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 ADDRESS: PHONE: SIGNATURE OF APPLICANT

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE