City of Portland, Maine	<ul> <li>Building or Use Permit Appl</li> </ul>	ication 389 Congress Street,	,04101, Tel: (207) 874-8703, FAX: 874-8716
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Location of Construction:	Owner:		Phone:		Permit Ne: 0359	
12 Longwood Ter	Thomas, Brian & Terri			61–7266	7 90000	
Owner Address:	Lessee/Buyer's Name:Phone:BusinessName:		sName:		A 10% 6%	
	0/1	.16-2275 Phon			Permit Issued:	たり 十
Contractor Name: Aqua Pool Company,				- critic issued		
Past Use:	Proposed Use: COST OF WC				APR 1 5 1998	
1-fam	same	\$ 19,100		\$ 115.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		FIRE DEPT.	Approved	INSPECTION: U	NITY OF DOT	
			Denied	Use Group:' Type:	CITY OF PORTL	AND
			Boc A 96 -1 1		Zone: 2 CBL: 283-B-02	
		Signature:		Signature: Hollow		.4 
Proposed Project Description:			ACTIVITIE	S DISTRICT (P.A.D.)	Zoning Approval:	190
		Action:	Approved		Special Zone or Rev	>   [0]
				vith Conditions:		news:
			Denied		U Wetland	
					Flood Zone	
		Signature:		Date:		
Permit Taken By:					│ □ Site Plan maj □mino	or 🗆 mm 🗖
Sherry_Pinard	Sherry Pinard April 13, 1998					
1. This permit application does not preclude the	Applicant(s) from meeting applicable	e State and Federal rules.			Zoning Appea	
2. Building permits do not include plumbing, se					☐ Miscellaneous	
	•	ionuanaa Falaa informa			Conditional Use	
3. Building permits are void if work is not starte tion may invalidate a building permit and sto		issuance. Faise informa-	•		Interpretation C Approved	
tion may invandate a building permit and sid	jp all work				Denied	
					Historic Preservation	
Call Brian Thomas for P?U	761-7266	les.	PFD	SUED MENTS	Not in District or Landmark	
		(1)	HSMITI		□ Does Not Require Review □ Requires Review	
			int	MEAN	Action:	
	ODDIEGATION			~15		
I hereby certify that I am the owner of record of th	CERTIFICATION				□ Appoved □ Approved with Condi	itione
authorized by the owner to make this application		•				110115
if a permit for work described in the application is						$\sim$
areas covered by such permit at any reasonable h					Date: 4-15-97	1 de
	I		r			$\bigcirc$
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:		
SIGNAL OF ALL DICAN						
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:						<u>X</u>
VAIL 14- D	annit Dook Choose Assessed's C		ublia Fila I	van Caud Insester		
White-P	ermit Desk Green–Assessor's C	anary-D.P.W. PINK-P		vory Caro-inspector		7.0