City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: ****79 Longwood Drive Portland 04102 Owner: Phone: Permit No: Roy St. Clair 772-6840 991027 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: Howard Strang 772-6840 $z \ge 7/3$ COST OF WORK: Proposed Use: PERMIT FEE: Past Use: **\$3,000** 42.00 + 100 late fee **FIRE DEPT.** □ Approved INSPECTION: RMXKM Single family same Use Group: 33Type: 5/2 ☐ Denied CBL: BOCA 96 Zone; 283-B-015 Signature: 1 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.K.D.) Action: Approved Approved with Conditions: ☐ Shoreland Denied \Box □ Wetland porch ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: SP Sept. 13 1999 K Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ 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-3. □ Interpretation □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation Does Not Require Review PERMIT ISSUED ☐ Requires Review WITH REQUIREMENTS Action: CERTIFICATION □ Appoved 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 ☐ Approved with Conditions 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Sept. 13 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT

PHONE:

3