Location of Construction: 93 Candlewyck Terrace, Ptld, N	ME 04102 Owner: Robert & Susan	Mitchell	Phone: 774-3646	Permit No: 981281
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:Address:Phone:Paul Andriulli, P.A. Renovations, Inc. P.O. Box 1288, Scarborough, ME 04070-1288207-883-9884Past Use:Proposed Use:COST OF WORK:PERMIT FEE:				Pernit Issued: NOV 9 1998
1-Fam	Same		Denied Use Group: $\beta$ $\beta$ ype: $\beta \circ C \land \varphi \circ \zeta \land \beta \circ \zeta$	<b>Zone: CBL</b> : 283–B–048
Construct addition xddition Xddition: E Approved with Conditions: E Mudroom and relocate side entrance. E Denied E				Zoning Approval: To Kemson   To Kemson   Special Zone or Reviews: Z Shoreland Wetland Flood Zone
Permit Taken By: ub	Date Applied For:	Signature: -3-98	Date:	□ Subdivision □ Subdivision □ Site Plan maj □ minor □ mm □
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work</li> </ol>				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
		WIT	PERMIT ISSUED H REQUIREMENTS	Historic Preservation Division District or Landmark Does Not Require Review Requires Review
			ENTS	Action:
authorized by the owner to make this applied if a permit for work described in the applied	<b>CERTIFICATION</b> rd of the named property, or that the proposed wo ication as his authorized agent and I agree to con eation is issued, I certify that the code official's an nable hour to enforce the provisions of the code(	rk is authorized by t form to all applicab uthorized representa	he owner of record and that I have b le laws of this jurisdiction. In additi tive shall have the authority to enter	ion, Denied
11-4-98				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE		PHONE:	
\A/	hita_Permit Desk Green_Assessor's Cana	n_DPW Pink_P	ublic File Ivon Card Inspector	

## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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