City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: Q 9 () John & Sarah J. Lufkin 828-4559 75 Four Winds Rd Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA 04102 Permit Issued: Contractor Name: Address: Phone: FEB 1 6 1999 COST OF WORK: Past Use: Proposed Use: PERMIT FEE: 25.00 CITY OF PORTLANI **FIRE DEPT.** □ Approved INSPECTION: Single Family Dwelling Same w/daycare Use Group: R-3 Type 5/3 ☐ Denied BOCA 96 Zone: CBL: 286-F-004 Signature: Signature: 7 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: Change Use - Daycare - Up to (6) children □ Shoreland Denied ☐ Wetland □ Flood Zone Signature: □ Subdivision Date: Permit Taken By: Date Applied For: ☐ Site Plan mai ☐minor ☐mm ☐ SP 08 February 1999 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 Mot in District or Landmark ☐ Does Not Require Review ☐ Requires Review 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 09 February 1999 SIGNATURE OF APPLICANT **ADDRESS**: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT

3