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: Andrew N. Germaine 138 Dorothy Street 797-6837 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Address: Phone: Contractor Name: 0wner COST OF WORK: Proposed Use: PERMIT FEE: Past Use: \$ 900.00 \$ 25.00 Single Family Same FIRE DEPT. □ Approved INSPECTION: Use Group \$3 Type 5 % ☐ Denied BOCA 96 **297-**G-023 Signature: Signature: H Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved or Reviews: Building Deck on the back side of the house Approved with Conditions: □ Shoreland NA Denied □ Wetland □ Flood Zone Zue (Signature: Date: □ Subdivision □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: 4-6-99 MN **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance 1. ☐ 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 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 4-6-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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