## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No. 9 039 Owner: Phone: 04103 \*\*\* Mary Lou Vitali 797-0052 27 W. Commonwealth Dr. Lessee/Buver's Name: Owner Address: Phone: BusinessName: same Permit Issued Phone: Contractor Name: Address: 926-3732 Decks Unlimited COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 1200.00 25,00 SIngle family same INSPECTION. DOCK **FIRE DEPT.** □ Approved Use Group ? 3 Type: 5/3 □ Denied Zone: CBL: BOC496\_ 298-A-040 Signature: Signature: Zoning Approyal Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAR Action: Approved Single family with deck Approved with Conditions: ☐ Shoreland Denied □Wetland □ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 20 April 1999 SP 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. 2. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation Not in District or Landmark PERMIT ISSUED □ Does Not Require Review WITH RECLUREMENTS ☐ 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 iurisdiction. 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 20 April 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:

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