

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

980320

Location of Construction: 74 DiBiase St		Owner: Rovillard, Rosemary A.		Phone:	
Owner Address: SAA Ptld, ME 04103		Lessee/Buyer's Name:		Phone: 878-7762	
Contractor Name:		Address:		Phone:	
Past Use:  1-fam		Proposed Use:  Same		COST OF WORK: \$  PERMIT FEE: \$ 25.00	
Proposed Project Description:  Change Use/Home Occupation - Daycare  Maximum Six Children		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group A3 Type 5B Signature: <i>[Signature]</i>	
		Signature:		Signature: <i>[Signature]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 02 April 1998			

Permit No: 980320

**PERMIT ISSUED**

Permit Issued:  
**APR - 8 1998**

**CITY OF PORTLAND**

Zone: **R3** CBL: 298-B-035  
298-B-035

Zoning Approval:  
*OK with conditions*

**Special Zone or Reviews:**

Shoreland *4/3/98*  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Approved  
 Approved with Conditions  
 Denied

Date: *4/3/98*

*MA*

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  
 Approved with Conditions  
 Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

**CERTIFICATION**

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 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, 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

*Rosemary A. Rovillard*  
SIGNATURE OF APPLICANT

Rosemary Rovillard ADDRESS: \_\_\_\_\_ DATE: 03 April 1998 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 **7**  
*K. Carroll*