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: 878-0608 Permit No: **** Mary Jo Brink UU0846 *** 89 Verrill Street Owner Address: Lessee/Buver's Name: BusinessName: Phone: SAA Permit Issued: Contractor Name: Address: Phone: 856-1000 629 Main St Gorham ME Sebago Lake Pools COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ 60.00 \$ 414.20 - 0 000 same single family **FIRE DEPT.** □ Approved INSPECTION: Use Group: 4 Type: □ Denied BOCAGA CBL: 299A-A-011 Signature: 7 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P/A.D.) Action: Approved П pecial Zone or Reviews: Approved with Conditions: □ Shoreland Above ground Poool Denied П □Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: July 31 2000 K K 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 District or Landmark PERMIT ISSUED WITH REQUIREMENTS ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit July 31 2000 ADDRESS: PHONE: SIGNATURE OF APPLICANT DATE:

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

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE