Location of Construction: Phone: 878-2630 Owner: Permit No; Kathy B. Albert & Denise Guerrette 133 Belfort Street, 04103 442-7791 (w) 8-5 Lessee/Buyer's Name: **Owner** Address: Phone: BusinessName: 133 Belfort Street, 04103 Permit Issued: Phone: Contractor Name: Address: OWNER **COST OF WORK:** PERMIT FEE: MAY 5 Proposed Use: Past Use: \$ \$ 300.00 SAME Single family Dwelling FIRE DEPT. Approved INSPECTION: Use Group: 83Type:53 □ Denied CBL: Boco 99 Signature: A Zone: 300-B-057 Signature: Zoning Approval, Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT **Å.D**.) Action: Approved Special Zone or Reviews: Build DEck on side of house Approved with Conditions: □ Shoreland Denied □ Wetland Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: NC 5-10-2000 GD Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ 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. tion may invalidate a building permit and stop all work... Denied Historic Preservation **ID**-Not in District or Landmark Call for p/u 442-7991 (Denise) PERMIT ISSUED WITH REQUIREMENTS Does Not Require Review □ Requires Review Action: 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 □ Approved with Conditions □ 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 5 - 10 - 2000ADDRESS: PHONE: SIGNATURE OF APPLICANT DATE: PERMIT ISSUEL WEED DISTRICT PHONE: 1 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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