City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: 878-8654 Location of Construction: Permit No: 0 6 2 2 Owner: ★QX 108 Belfort Street *** Gary Noyes Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Phone: Contractor Name: Address: Acott Burham 80 Lester Drive **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: €,000 \$36.00 single family FIRE DEPT. □ Approved INSPECTION: same Use Group A-3Type: 5/3 ☐ Denied Zone Z CBL: BOCA-99 - 3 300-D-005 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PLA.D.) Action: Approved Special Zone or Rev Approved with Conditions: ☐ Shoreland. Deck Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai Date Applied For: Permit Taken By: MN June 8 2000 K Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation PERMIT ISSUED WITH REQUIREMENTS Mot in 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 June 8 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White Person Assessed Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control by the Control Daw Sink Public File have Control Daw Sink Pu

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