Location of Construction:	nstruction: Owner:		Phone: (w) 207-575-8251			Permit No:
122 Euclid Ave	04103 Lavin Russo		(h) 207-797-8876			
Owner Address:	Lessee/	Lessee/Buyer's Name:		Busines	ssName:	- gg1313
SAA		N/A		Phone: N	/A	
Contractor Name:	Address		Permit Issued:			
Jim Purrington		itts Rd, Scarborough,				
Past Use:	Propose	Proposed Use:		WORK:	PERMIT FEE:	
			\$ 5,500		\$ 60.00	
1-Family		Same	FIRE DEP	T. Approved	INSPECTION:	
				Denied	Use Group R3 Type: 5	
				· · · · · · · · · · · · · · · · · · ·	BOCA96 NEPADO	Zone: CBL: 310-B-003
			Signature:	AVING	Signature:	L
Proposed Project Description:			PEDESTR	IAN AC <b>P</b> IVITII	ES DISTRICT (P/A/D.)	Zoning Approval:
		Action: Approved			Special Zone or Reviews:	
Addition of a flu for a woodstove in basement.				Approved	with Conditions:	
			Denied		U UWetland	
						Flood Zone
			Signature:		Date:	☐ Subdivision
Permit Taken By: NW		Date Applied For:	11-29-9	0		□ Site Plan maj □minor □mm □
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.						<b>Zoning Appeal</b> □ Variance
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
tion may invalidate a building permit and stop all work.						
	-					□ Denied
		***Ca	11 for Pic	2k Up: (w)	207-575-8251	
				(h)	207-797-8876	Historic Preservation
				(11)	207-797-0070	□ Not in District or Landmark
						□ Does Not Require Review □ Requires Review
						Action:
<b>CERTIFICATION</b> 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 reason					we the authority to effect a	Date:
areas covered by such permit at any reason			(b) uppriouble t	s such permit		
11-29-99						
SIGNATURE OF APPLICANT		ADDRESS:	DATE:		PHONE:	PERMIT ISSUED
						TERIVIT ISSUED
<b>RESPONSIBLE PERSON IN CHARGE OF</b>	WORK TITLE				PHONE:	WITH REQUIREMENTS
RESTONSIBLE LEASON IN CHARGE OF WORK, HILL FROM STREET						CEO DISTRICT
W	nite-Permit Des	k Green–Assessor's Cana	ry–D.P.W. Pi	nk–Public File	ivory Card-Inspector	UB

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

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