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

ocation of Construction: Owner: L.E. Lydon/Paul		Vose Inc	Phone: *** 799-	-5495 ***	Permit No:
Owner Address: 183 Mitchell Rd Cape Elizabeth ME	Lessee/Buyer's Name:	Phone:	Phone: BusinessName:		000015
Contractor Name: L.E. Lydon	Address:	Phon	Phone:		Permit Issued:
Past Use:	Proposed Use:	COST OF WORK: \$70,000		ERMIT FEE: 444.00	JAN = 7
Vacant	single family home		FIRE DEPT. Approved Use Group: Signature: Signature: Signature: Signature:		Zone:- CBL: 332-B-008
Proposed Project Description:		Signature: PEDESTRIAN A		ignature: Affac. DISTRICT (N.A.D.)	Zoning Approval:
New Single family home	Approved with Conditions:			Special Zone of Reviews: Shoreland Marketiand Flood Zone fame 2	
		Signature:		Date:	□ Subdivision Site Plan maj □minor □mm 🗱
Permit Taken By: K	Date Applied For:	ec 27 1999 K			Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work Call PU 799-5495 PERMIT ISSUED					□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
			WITH REQU	JIREMENTS	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 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					☐ Approved ☐ Approved with Conditions ☐ Denied Date:
		Dec 27 1999			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	Pl	HONE:	
RESPONSIBLE PERSON IN CHARGE OF WORL	K, TITLE		Pl	HONE:	PERMIT ISQUED CENTHIS FRUHREMENTS
White-Pe	rmit Desk Green–Assessor's Cai	nary–D.P.W. Pink–Pı	ublic File Ivo	ry Card-Inspector	