## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit Na: Location of Construction: Owner: Phone: 839-2631 Design Dwellings Inc. 132 Tucker Ave. Lot #6 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Phone: Address: 839-2631 65 Main St. Gorham, ME Design Dwellings Inc. OCT 1 4 1000 **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: \$ 80,000 504.00 **VAcant** New Single Family **FIRE DEPT.** □ Approved INSPECTION: Use Group: B-3 Type: 5B ☐ Denied BOCA96 CBL: Zone: 332-B-022 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P/A/.D.) Action: Approved Construct new single family dwelling cape. 24x32 3 bedroom. Approved with Conditions: ☐ Shoreland M Denied □ Wetland ☐ Flood Zone Z~~~ Signature: Date: □ Subdivision Site Plan mai □minor □ Permit Taken By: Date Applied For: UB 9-29-99 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. ☐ 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 \*\* Please call for Pick Up: Design Dwellings 839-2631 **Historic Preservation** ☑ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT COMED WITH NEQUINEMENTS 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 □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 9-29-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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

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