Location of Construction: Phone: Owner: 799-5495 L.E. Lydon Const. Inc. 115 Tucker Ave. Lot #13 Lessee/Buver's Name: Owner Address: Phone: **BusinessName:** N/A N/A N/A Same Permit Issued: Address: 183 Mitchell Road Cape Elizabeth, ME 04107 Contractor Name: 799-5495 L.E. Lydon Construction INc. 5 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 474.00 \$ 74,500 FIRE DEPT. Approved **INSPECTION:** Single Family Home Vacant Use Group: A Type 53 □ Denied zone: R−Z CBL: BOCA96 332-D-014 Signature: A Signature: Zoning Approve Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Special Zone or Rev Approved with Conditions: □ Shoreland N/ Wood frame two story single family home. Denied □ Wetland Flood Zone □Subdivision Signature: Date: KaSite Plan mai ⊡minor⊡ Date Applied For: Permit Taken By: # 20000016 2 - 4 - 00UB Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Approved tion may invalidate a building permit and stop all work... Denied ***Call Larry Lydon for pick up 799-5495 Historic Preservation **D**Not in District or Landmark PERMIT ISSUED WITH REQUIREMENTS Does Not Require Review □ Requires Review Action: CERTIFICATION DApproved with Conditions 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 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 PHONE: ADDRESS: DATE: SIGNATURE OF APPLICANT PERMIT ISSU CEO DISTRICT **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: UB 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