## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 25 Dover Street Shawn Gaudreau 797-4930 991376 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 54 Constitution Dr Westbrook ME Permit Issued: Contractor Name: Address: Phone: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 79.000 \$ 4<u>98.00</u> Vacant/Foundation only New single family UEU | 1 FIRE DEPT. □ Approved INSPECTION: ☐ Denied Use Group: Type: Zone: CBL: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.W.D.) Action: Approved New single family home Modular home Approved with Conditions: Denied □ Wetland 724 ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm Permit Taken By: ☐ Variance 5.4 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneou 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 pick up Shawn 781-2260 x 424 or 724 Historic Preservation Not in District or Landmark Modular Home ☐ 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 □ 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 Dec 2 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: WITH REQUIREMENTS

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

PHONE:

**CEO DISTRICT** 

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE