City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 8 0 8 6 9 Location of Construction: Owner: Phone: 878-7896 Dan & Kim Poisson 111 Beverly St PERMIT ISSUED Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 04103 SAA Permit Issued: Contractor Name: Address: Phone: AUG - 7 1998 Past Use: COST OF WORK: PERMIT FEE: Proposed Use: 1,500.00 30.00 CITY OF PORTL INSPECTION: FIRE DEPT. □ Approved 1-fam Use Group \$3 Type 5/2 ☐ Denied CBL: 333-K-002 BOCAGLI Signature: Signature: * Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews Approved with Conditions: ☐ Shoreland Denied Int Reno/Basement □ Wetland □ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP 04 August 1998 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. ☐ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied PERMIT ISSUED WITH REQUIREMENTS **Historic Preservation** □Not in District or Landmark ☑ Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved □ Approved 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 04 August 1998 SIGNATURE OF APPLICANT ADDRESS: 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