

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

Location of Construction: 144 Milton St. Lot 168		Owner: Pete & Karen Glass		Phone: N/A		Permit No: 000700	
Owner Address: N/A		Lessee/Buyer's Name: N/A		Phone: N/A		BusinessName: N/A	
Contractor Name: Jim Lombardo ***		Address:		Phone: 329-5484 ***		Permit Issued: JUN 29 2000	
Past Use: Single Family		Proposed Use: Same		COST OF WORK: \$0.		PERMIT FEE: \$30.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description: AMENDMENT # 006528 move front concrete wall back six inches				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:			
Permit Taken By: K		Date Applied For: June 28, 2000 G					

Zone: H-2 CBL: 333-E-033

Zoning Approval: *[Signature]* 6/29/00
Special Zone or Reviews
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

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

June 28, 2000

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

PERMIT ISSUED WITH REQUIREMENTS