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: 980226 85 Stuart St Sbardella, Bernard Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 04103 878-0229 SAA Ptld, ME ermit Issued: Contractor Name: Address: Phone: 171998 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: 4,000.00 40.00 CITY OF PORTLAN INSPECTION: **FIRE DEPT.** □ Approved 1-fam Same ☐ Denied Use Group: Type:50 Zene; CBL: 337-C-094 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT to Vemam + Action: Approved Special Zone or Review Approved with Conditions: ☐ Shoreland Denied Finish off portion of basement □ Wetland ☐ Flood Zone Recreation room ☐ Subdivision Signature: Date: ☐ Site Plan, maj ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: Mary Gresik 05 March 1998 **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ 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 Historic Preservation ☑Not in District or Landmark Does Not Require Review ☐ Requires Review Action:

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 reasopable hour to enforce the provisions of the code(s) applicable to such permit

ADDRESS:

SIGNATURE OF APPLICANT Bernard Sbardella

05 March 1998

DATE:

PHONE:

PHONE:

CEO DISTRICT

Date:

□ Appoved

□ Denied

☐ Approved with Conditions

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE