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: 9 17 Westlawn Ave Judy Lewis 878-8802 Lessee/Buyer's Name: Owner Address: BusinessName: Phone: 04103 SAA Permit Issued: Contractor Name: Address: Phone: AUG 1 7 1998 Proposed Use: COST OF WORK: PERMIT FEE: Past Use: 4,000.00 40.00 CITY OF PORTLAND FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: 1-fam Zone: パー3 CBL: N will 338-L-005 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews Approved with Conditions: Construct Dormer on Rear of Home & New Deel ☐ Shoreland N/A Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: MG 07 August 1998 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Historic Preservation □ Not in District or Landmark PERMIT ISSUED WITH REQUIREMENTS 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 10 August 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Work Cord Increases

CEO DISTRICT