## 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:                                     |
|---|---|----------------------|------------------------|-------------------------------|--|
| 174 Broadway *James E. Messer Jr.   |   |                      |                        | 991290                        |  |
| Owner Address:<br>**P.O. Box 1864 Biddeford, ME 04005   | Lessee/Buyer's Name:Phone:BusinessName:5N/ASAAN?A |                      | SName:<br>N <b>2</b> A | 991290                        |  |
| Contractor Name:  | Address:  | Phone:               | L                      |                               | Permit Issued:                                 |
| James E. Messer Jr.   | P.O. Box 1864 Biddeford, ME 04005 838-2899        |                      |                        |                               |  |
| Past Use:   | Proposed Use:                                     | COST OF WORK         |                        | PERMIT FEE:                   | 22   |
|   |   | \$ 55,000            | <u> </u>               | \$ 354.00                     |  |
| Vacant  | l-Family  | FIRE DEPT. 🗖 A       |                        | INSPECTION:                   |  |
|   | Garage will be built after                        |                      | enied                  | Use Group 73 Type 53          | Zone: - CBL:                                   |
|   | 6 months  | Signature:           |                        | BOCA 96<br>Signature: Nother  | 339-к-003 <b>£</b> 4                           |
| Proposed Project Description:   |   |                      | TIVITIE                | S DISTRICT (P.A.D.)           | Zoning Approval:                               |
| New single family home 24' x 28' Colonial. Action: Approved   |   |                      |                        |                               | Special Zone or Reviews 1                      |
| Garage may or may not be built afte   | Approved with Conditions:                         |                      |                        | Shoreland N#A                 |  |
|   |   | D                    | enied                  |                               | U Wetland                                      |
|   |   | 0.                   |                        |                               | Flood Zone zone ~ prover                       |
| Domnit Tokon Du   | Date Applied For:                                 | Signature:           |                        | Date:                         | Subdivision<br>⊈Site Plan maj ⊡minor ⊡mm ∰     |
| Permit Taken By:<br>UB  | Date Applied For.                                 | 11-8-99              |                        |                               | F 19990161                                     |
|   |   |                      |                        |                               | Zoning Appeal                                  |
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.  |   |                      |                        |                               | □ Variance<br>□ Miscellaneous                  |
| 2. 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                               |
| tion may invalidate a building permit and sto   | p all work  |                      |                        |                               | □ Approved<br>□ Deni <b>ed</b>                 |
| **Please Send To:<br>James E. Messer Jr.<br>P.O. Box 1864<br>Biddeford, ME 04005  |   |                      |                        |                               | L'Demed  |
|   |   |                      |                        |                               | Historic Preservation                          |
|   |   |                      |                        |                               | Not in District or Landmark                    |
|   |   |                      |                        |                               | □ Does Not Require Review<br>□ Requires Review |
|   |   |                      |                        | PERMIT ISSUED                 |  |
|   |   |                      | W                      | ITH REQUIREMENTS              | 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 a  |   |                      |                        |                               | Denied   |
| if a permit for work described in the application is  |   |                      |                        | ve the authority to enter all | Date:  |
| areas covered by such permit at any reasonable ho   | our to enforce the provisions of the code(s)      | applicable to such p | ermit                  |                               |  |
|   | 11_   | .8–99                |                        |                               |  |
|   |   |                      |                        | DUONE                         | -  |
| SIGNATURE OF APPLICANT  | ADDRESS:  | DATE:                |                        | PHONE:                        | PERMIT ISSUED                                  |
|   |   |                      |                        |                               | WITH REQUIREMENTS                              |
| <b>RESPONSIBLE PERSON IN CHARGE OF WOR</b>  | K, TITLE  |                      |                        | PHONE:                        |  |
|   | ermit Desk Green–Assessor's Canary                |                      |                        |                               | ub   |