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: 98125	7.—
*113 Broadway	Robert Cohen	·	797-4407			
Owner Address: Lessee/Buyer's Name:		Phone:	BusinessName:		PERMIT ISSUED	
SAA					Permit Issued:	i − 1
Contractor Name: Peter Chase	_	6 Washington Ave. Portland, ME 0410		151	NOV 4 1003	
Past Use:	Proposed Use:	COST OF WOR \$ 16,000	K: PERM \$ 10	IT FEE: 0.00		
l Fam	Same	FIRE DEPT.		INSPECTION: Use Group 3Type:5B BOC 4 96 Signature: Affan	CITY OF PORTLAND	
			BOC.			
Proposed Project Description:		Signature:				
		PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved Approved with Conditions: □				
12 x 16 Sunroom on rear of ho	Juse.					
			Denied		D Shoreland B Ceman	thin
			Demed		☐ Flood Zone	
		Signature:	D	Date:	□ Subdivision	
Permit Taken By: MG	Date Applied For: Oct. 27, 98	lied For: Oct. 27, 98			Site Plan mai Ominor Omm O	nm 🗆
					Zoning Appeal	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 					□ Variance □ Miscellaneous	
					□ Interpretation	
					□ Denied	
					Historic Preservation Not in District or Landma Does Not Require Review Requires Review	ark
					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					Appoved	-
						5
1	hable hour to enforce the provisions of the co	-		intority to enter an	Date:	
		10-28-9				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHON	E:	- 	
RESPONSIBLE PERSON IN CHARGE OF	F WORK, TITLE		PHON	<u>E:</u>]
Ŵ	hite–Permit Desk Green–Assessor's Ca	inary-D.P.W. Pink-Pu	Iblic File Ivory Ca	ard–Inspector	ARINC -	1