Location of Construction:	Owner: Boyd Marl	1 ou	Phone:	Permit No: 990233
11 Maplewood Owner Address:	Lessee/Buyer's Name:	Phone:	878–3224 BusinessName:	PERMIT ISSUED
SAA				
Gontractor Name:	Address:	Phor	ne:	Permit Issued:
Bonnie Jackson	88 Pillsbury St So. H	<u>Pt1d, ME 04106</u>	799-6386	MAR 2 2 1999
Past Use:	Proposed Use:	COST OF WOR		
		\$ 8,000.00		OTTV OF DOD
Single FAmily	Same	FIRE DEPT. 🗆	Approved INSPECTION :	CITY OF PORTLAND
			Denied Use Group: #3 Typ	es /3
			BOCA 95 Signature: Hoff	Zone: CBL: 344-C-003
Description		Signature:	Signature: Hoff	her
Proposed Project Description:		PEDESTRIAN	ACTIVITIES DISTRICT A	
		Action:	Approved	Special Zone or Reviews:
Convert Garage to Living a	Tea - playroom Accessing to	•	Approved with Conditions:	□ □ Shoreland N/A
convert Garage to Living a	ea pointier roussand to		Denied	
	Sigh Family			Flood Zone
	<u>_</u>	Signature:	Date:	
Permit Taken By: SP	Date Applied For:	News1 1000		□ Site Plan maj □minor □mm □
DI		2 March 1999		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				
				☐ 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 stop all work				Approved Denied
				Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS				L'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 applic	ter all			
	nable hour to enforce the provisions of the c			Date:
	*		-	
	1 6) Maria 1, 1000		
SIGNATURE OF APPLICANT	ADDRESS:	2 March 1999 DATE:	DUONE	
SIGNATURE OF AFFLICANT	ADDRESS.	DAIE.	PHONE:	
				<u> </u>
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE		PHONE:	CEO DISTRICT
w	'hite–Permit Desk Green–Assessor's C	anary–D.P.W. Pink–P	ublic File Ivory Card-Inspecto	or $fm/KC = \Box$

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