City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 1344 WAshington AVe Owner: ***Teri Leasure Phone: 797–8533 Permit No: Owner Address: Lessee/Buyer's Name: Phone: BusinessName: **14 Sunset Rd. Falmouth Me 04105 Permit Issued: Address: Phone: Contractor Name: Everett Dobson & Sons 177 Gray Rd Falmouth Me COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ 40.000.00 / \$ 264.00 Mixed use office/apt single family FIRE DEPT. Approved INSPECTION: Use Group 3/R Type: 5/3 ☐ Denied Zone: CBL: 344 BOCA99 344-C-004 Signature: Signature: **Proposed Project Description:** PEDESTRIAN ACTIVITIES DISTRICT (M/A.D.) Action: Approved Change of use from single family to mixed use - Rxxxx Approved with Conditions: □ Shoreland Prof. office 1st floor. 2nd floor apt. Denied ☐ Wetland ☐ Flood Zone ~ PA Signature: Date: □ Subdivision Site Plan mai Permit Taken By: Date Applied For: March 9 2000 K 6.3981 Zoning Appea □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous 2. 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 David Leasure Aistoric Preservation 14 Sunset Rd Falmouth Me 04105 not in District or Landmark ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved 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 □ Approved with Conditions □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit **SIGNATURE OF APPLICANT** ADDRESS: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector