City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Jeremy Cole Permit No: ** 14 Chapman Street 04103 ** Eric Martin 797-3434 79052, 2 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 14 Chapman Street 04103 Permit Issued: Contractor Name: Address: Phone: Proposed Use: **COST OF WORK:** PERMIT FEE: Past Use: MAY 2 4 1999 Ø 25.00 1-Family Same **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: CBL: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P/A/D.) Action: Approved In house office (Counseling) Special Zone or Reviews: Approved with Conditions: □ Shoreland Denied Home Occupation □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: SP 5-21-99 **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-3. □ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Deniæd Historic Preservation Not in District or Landmark ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 5-21-99 ADDRESS: DATE: SIGNATURE OF APPLICANT PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector