

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

Location of Construction: * 36 Coolidge Ave. 04103		Owner: * George & Gloria Hammond		Phone: 797-2323		Permit No: 991104	
Owner Address: Same		Lessee/Buyer's Name: N/A		Phone:		BusinessName:	
Contractor Name: Owner		Address: SAA		Phone:		Permit Issued: OCT 5 1999	
Past Use: 2-Family		Proposed Use: Same		COST OF WORK: \$ 1,500		PERMIT FEE: \$ 36.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: U Type 5B Signature: [Signature]	
Proposed Project Description: Utilities needed for addition to existing garage. (Have Utilities Connected to addition to existing garage)				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zone: R-3 CBL: 349-G-001 Zoning Approval: Permit OK per 1990 App Special Zone or Reviews: conditions 10/1/99	
Permit Taken By: UB		Date Applied For: 8-17-99		Signature:		Date:	

- 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..

*** Send To: George & Gloria Hammond
36 Coolidge Ave.
Portland, ME 04103

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

8-17-99

SIGNATURE OF APPLICANT ADDRESS: DATE: 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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: [Signature]

CEO DISTRICT
ub

2