City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: Phone: Location of Construction: Owner: 774-8455 #166) Regan Lane Alice Regan Owner Address: Lessee/Buver's Name: Phone: BusinessName: Same **Hermit Issued:** Phone: Contractor Name: Address: 883-5528 P.O. Box 485 Scarborough, ME Risbara Bros. Const. Co. Inc. OCT 2 2 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 196,600 \$ 1,305 New Single Family New Single Family Dwelling FIRE DEPT. □ Approved INSPECTION: Dwelling. Use Group: 93 Type: 53 ☐ Denied BOCA96 Signature: 7 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (2.A.D.) Action: Approved Special Zone or Review Build a new single family dwelling. Approved with Conditions: ☐ Shoreland NA Denied □Wetland □ Flood Zone The ☐ Subdivision Signature: Date: Site Plan maj □minor □mm 🗗 Date Applied For: Permit Taken By: 10-15-98 **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. 2. ☐ 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.. □ Denied Historic Preservation CALL ROCKY OU TIM 883-5528 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 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT

PHONE:

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