City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 797-9910 991037 04103 J. Barton Seymour **43 Continental Drive Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 43 Continental Drive Permit Issued: Address: Phone: Contractor Name: SAA Owner Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$ 204.00 \$ 30,000 1-Family Same **FIRE DEPT.** □ Approved INSPECTION: Use Group: 8-3 Type: 5/3 ☐ Denied **CBL**: 352-C-008 BOX #96 Signature: Signature: 🔭 Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A Add attached 24 x 24 Garage and 3 rooms above the garage. Action: Approved Approved with Conditions: to existing house. □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm Permit Taken By: Date Applied For: 9-9-99 ub 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-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied ***Send To: J. Barton Seymour 43 Continental Drive Historic Preservation Portland, ME 04103 Not in District or Landmark ☐ Does Not Require Review PERMIT ISSUED ☐ Requires Review WITH REQUIREMENTS 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 vory Card-Inspector

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT ub

PHONE:

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