

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

Location of Construction: 39 Allison Ave, 04103		Owner: Richard Petrie		Phone: 878-9013		Permit No: 000480
Owner Address: 39 Allison Ave, 04103		Lessee/Buyer's Name:		Phone:		
Contractor Name: David Dardano		Address: Portland, ME		Phone: 878-3922		BusinessName:
Past Use: Single Family Dwelling		Proposed Use: SAME		COST OF WORK: \$ 2400.00		
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <u>U</u> Type <u>53</u> <u>BOCA 99</u> Signature: <i>[Signature]</i>
Proposed Project Description: Build an 8' x 12' Storage Shed.				Signature: _____		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Date: _____
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		
Permit Taken By: MN		Date Applied For: NC 5/15/00				Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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 Permit to Contractor

David Dardano
38 West Lynne Avenue
Portland, ME 04103

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 5/15/00 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

PERMIT ISSUED WITH REQUIREMENTS

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Appoved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICTS