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: 40 Allison Ave Terry Judkins 797-4758 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA 04103 Permit Issued: Contractor Name: Address: Phone: JUL 2 1 1998 878-3922 David Dardano COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: 3,700.00 40.00 **CITY OF PORTLAND** FIRE DEPT. Approved INSPECTION: 1-fam Use Group: ☐ Denied CBL: BOC AUC 353-B-Q09 Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions: deck ☐ Shoreland Denied Replace existing xxxx with bi-level deck ☐ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 17 July 1998 MG **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 □ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** □ Not in District or Landmark Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** ☐ Appoved 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 ☐ Approved with Conditions 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, □ Denied 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 20 July 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: 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