Permit No: 990423 Location of Construction: Owner: Phone: 1863 Washington Avenue H. Michael Alpren 207-797-0110 **Owner** Address: Lessee/Buyer's Name: Phone: BusinessName: 1863 Washington Avenue 797-0110 Address: Contractor Name: Phone: Kelvin Youland, KY Construction **COST OF WORK: PERMIT FEE:** Past Use: Proposed Use: A 1999 MAY \$ 8,000.00 \$ <u>60.00</u> single family single family with addition FIRE DEPT. Approved **INSPECTION:** Use Group: R-3Type:5/3 □ Denied Zone: CBL: BOCA96 371 R-2 UMMin Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) A Construct addition to be used as home occupation Action: Approved Special Zone or Rev Approved with Conditions: □ Shoreland Denied □ Wetland □ Flood Zone Signature: Date: □ Subdivision □ Site Plan mai □minor □mm □ Permit Taken By: Date Applied For: S.P. 04/27/99 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation tion may invalidate a building permit and stop all work.. Denied PERMIT ISSUED WITH REQUIREMENTS Historic Preservation Not in District or Landmark Does Not Require Review □ Requires Review Action: 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 □ Approved with Conditions 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 04/27/99 SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** 2

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