

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

Location of Construction: 59 Bramblewood Dr.		Owner: Albert Axelson		Phone: 797-9240		Permit No: <b>970196</b>
Owner Address:		Lessee/Buyer's Name:		Business Name:		
Contractor Name:		Address:		Phone:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <b>MAR 11 1997</b>  <b>CITY OF PORTLAND</b> </div>
Past Use: Single fam dwelling		Proposed Use: same w/int reno (finish basement)		<b>COST OF WORK:</b> \$ 500.00 <b>PERMIT FEE:</b> \$ 40.00 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group <i>73</i> Type <i>5B</i> <i>BOCA 46</i> Signature: _____ Date: _____		
Proposed Project Description:  Finish basement as per plans				<b>PEDESTRIAN ACTIVITIES DISTRICT (PA.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zone: <b>R-2</b> CBL: <b>377-F-13</b> Zoning Approval: <i>[Signature]</i> <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <i>11/mar/97</i> <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"/>
Permit Taken By: Vicki Dover		Date Applied For: 3/6/97				

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..

**PERMIT ISSUED WITH REQUIREMENTS**

Mail to owner

**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

*Albert Axelson*  
 SIGNATURE OF APPLICANT  
 Albert Axelson

ADDRESS: \_\_\_\_\_ DATE: 3/6/97 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

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

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: *3/11/97*

*[Signature]*

CEO DISTRICT

*[Signature]*

*Mr. Carrol*