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: 25 Jackson St., Portland, Me. Paul & Robin Fagone (207) 878-7539 Owner Address: Lessee/Buyer's Name: Phone: Business Name: 25 Jackson St., Portland 04103 Permit Issued: Contractor Name: Address: Phone: (2070) 878-7539 Paul & Rohin Fagone 25 Jackson St. Portland **A** 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$1,000.000 \$ 25,00 Same W/ Home Occupation Single Family **FIRE DEPT.** □ Approved INSPECTION: Use Group 43 Type:5/ ☐ Denied CBL: 382-B-006 BOCA46 Signature: Signature: Zoning Approval: OK Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews: Home Occupied Hair Salon Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: S.P. May 3rd, 1999 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation PERMIT ISSUED □ Approved tion may invalidate a building permit and stop all work.. WITH REQUIREMENTS □ 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 ☐ 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 May 3rd, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

PHONE:

2

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE