## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: \*\*\*\* 797-2008 Location of Construction: Owner: Permit No: Kenneth Schade 1 Jackson Street Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: Joel Geroge RR1 Limington Me 04049 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: JAN 3 \$900.00 \$ 30.00 **FIRE DEPT.** □ Approved INSPECTION: single family same ☐ Denied Use Group: 83 Type 5 /2 CBL: BOCA96 382-B-008 Signature: Signature: **Proposed Project Description:** PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews Approved with Conditions: ☐ Shoreland replacing front stairs Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision Date Applied For: Dec 30 1999 K ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: K Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ 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 ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Dec 30 1999 **SIGNATURE OF APPLICANT** ADDRESS: DATE: 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