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

Location of Construction: 13 Konnal	Owner:		Phone: 776-2268	Permit No:
JI-Jackson bliett-		IS	773-2040	990702
Owner Address: ** 106 Caron Street Portland, ME 0	Lessee/Buyer's Name:	Phone: .	BusinessName:	
Contractor Name:	Address:	Phone:		Permit Issued:
Owner				
Past Use:	Proposed Use:	<b>COST OF WORK:</b> \$ 12,000	<b>PERMIT FEE:</b> \$ 80.00	JUL 1 (232-B-222
Vacant	1-Family	FIRE DEPT.  Ap		Zone: CBL:382-B
Proposed Project Description:			TIVITIES DISTRICT (P.A.D.)	Zoning Approval
Foundation work only for a 24x34 Colonial with 22 x 22 garage.		Action: Approved Approved with Conditions: Denied Signature: Date:		□ Shoreland N/A ( ] 344
Permit Taken By: GD/NW	Date Applied For:			□ Site Plan maj ⊡mjnor ⊡mm ⊡
<ol> <li>GD/NW June 22, 1999</li> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>				Zoning Appeal
PERMIT ISSUED WITH REQUIREMENTS				Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:
<b>CERTIFICATION</b> 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				n, Denied
June 23, 1999SIGNATURE OF APPLICANTADDRESS:DATE:PHONE:				_
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE Frmit Desk Green-Assessor's Ca	anary–D.P.W. Pink–Publi	PHONE: ic File Ivory Card–Inspector	