

Location of Construction: 660 Auburn St		Owner: Blodgett, Douglas & Shirley		Phone: 797-9357		Permit No: 9 8 1 2 1 1	
Owner Address: ***** SAA 04103		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Done With Care (Lee Cummings)		Address: R #5, Box Gorham, ME		Phone: 04038 642-3754		Permit Issued: OCT 26 1998	
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 26,622.00		PERMIT FEE: \$ 155.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>03</i> Type <i>5B</i> <i>06CA96</i>	
Proposed Project Description: Construct attached mudroom & garage (10 x 16) & (24 x 28)				Signature:		Signature: <i>Hilpe</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <i>R-2</i> CBL: 386-B-026	
Permit Taken By: MG		Date Applied For: 19 October 1998		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zoning Approval: <i>10/20/98</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <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"/>	
				Signature: _____ Date: _____		369607 Zoning Appeal	

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

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

20 October 1998

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

PERMIT ISSUED

OCT 26 1998

CITY OF PORTLAND

Zone: *R-2* CBL: 386-B-026

Zoning Approval: *10/20/98*

Special Zone or Reviews:

Shoreland

Wetland

Flood Zone

Subdivision

Site Plan maj minor mm

369607

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: _____

CEO DISTRICT 2

KC/TR