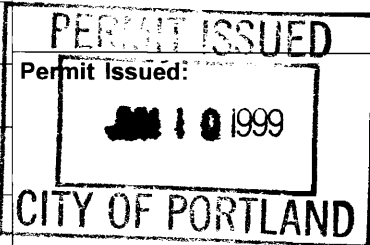


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: ****9 Hope Lane		04103	Owner: ***Henry Downs		Phone: 207-878-7929	Permit No 990588
Owner Address: SAA		Lessee/Buyer's Name:		Phone:	Business Name:	
Contractor Name: MT Pools Inc.		Address: Route 196 Lisbon Rd, Lisbon ME		Phone: 04250		
Past Use: 1-Family		Proposed Use: Same		COST OF WORK: \$ 12,900		PERMIT FEE: \$ 85.00
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>3/6/P</i> Use Group: <i>A3</i> Type: <i>53</i> <i>BOCA 96</i>
Proposed Project Description: Construction of inground pool.				Signature: <i>[Signature]</i>		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		
Permit Taken By: SP				Date Applied For: June 8, 1999		
				Signature: _____ Date: _____		



Zone: _____ CBL: 387-A-038

Zoning Approval: *[Signature]* *6/8/99*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: *[Signature]*

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

June 8, 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

CEO DISTRICT **2**
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