

Location of Construction: 59 Sturdivant Drive 04103		Owner: **Kimberly Findlay		Phone: 797-5278		Permit No: <b>990879</b>
Owner Address: **69 Florida Ave. Ptld, ME 04103		Lessee/Buyer's Name:		Phone:		
Contractor Name: Jim Lombardo - Builder		Address: 69 Milton St. Portland, ME 04103		Phone: 878-9455 329-5484		BusinessName:
Past Use: Vacant		Proposed Use: New Single Family Dwelling with attached garage		COST OF WORK: \$ 150.000		
Proposed Project Description: New 1-Family with attached garage		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <sup>93</sup> Type: <sup>53</sup> BOCA 961 Signature: <i>Huffman</i>
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>OK with conditions 8/19/99</i> Special Zone or Reviews: <i>NA</i> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>small zone</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> Imm <input type="checkbox"/>
Permit Taken By: UB		Date Applied For: 7-28-99		Signature: _____ Date: _____		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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..

\*\* Send To: Kimberly Findlay  
~~59 Sturdivant Drive~~ 69 Milton St  
 Portland, ME 04103

**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

SIGNATURE OF APPLICANT	ADDRESS:	DATE: 7-28-99	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

**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  
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