City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 **Location of Construction:** Owner: Phone: Permit No: 797-4069 Roberta Fishman 17 Heather Rd Ptld Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Permit Issued: Address: Contractor Name: Phone: P.O. Box 113 Gorham ME 04038 Pager 471-4753***** Pollution Control Services **COST OF WORK:** PERMIT FEE: **AUG 1 9** 1999 Past Use: Proposed Use: 10.00 1-fam same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Zone: CBL: 396-D-003 Zoning Approval Proposed Project Description: Action: Approved Special Zone or Reviews remove 1 275 gallon oil tank Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: August 18, 1999 sp Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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 PERMIT ISSUED Action: WITH REQUIREMENTS 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 August 18, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 2 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector