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

_						
	ocation of Construction: **Pamela Reny/Mike 1			Phone:	835 or 774-2832	Permit No:
7	35 Racine Ave Lot 43 Owner Address: 176 Pheasent Hill Dr.	Lessee/Buyer's Name:	Phone:	Busines	sName:	200152
(Contractor Name:	Address:	F	Phone:		Permit Issued:
Ī	Past Use:	Proposed Use:	COST OF W		PERMIT FEE:	mak 2
	Vacant	single family	\$110,000	. Approved	\$684.00 INSPECTION:	
			FIRE DEP I	□ Denied	Use Group R-3 Type:	58
					BOCA96111	Zone: CBL:
,	Proposed Project Description:		Signature: PEDESTRIA	N ACTIVITIE	Signature: S DISTRICT (PA)D.	
			Action:	Approved	Special Zone or Reviews:	
				Approved v	vith Conditions:	□ □ Shoreland N/A 2/22/
	New Single family XXXXX wi raised ranch		Denied	□ □ Wetland □ Flood Zone		
	raised ranch		Signature:		Date:	☐ Subdivision
	Permit Taken By: K	Date Applied For: Feb	5 15 2000 K			ØSite Plan maj □minor □mm S 200000 20
						Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.						☐ Variance ☐ Miscellaneous
	 Building permits do not include plumbing, septic or electrical work. 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 					☐ Conditional Use
						☐ Interpretation ☐ Approved
						□ Denied
		PECIMIT ICSUED				
				VIIII REQ	UIREMENTS	Action:
		□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 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						
						r all
	areas covered by such permit at any reasonable	Date:				
	CICNATUDE OF A DDI ICANT	ADDRESS:	Feb 15 20 DATE:	000	DHONE.	
	SIGNATURE OF APPLICANT	ADDRESS:	DAIE:		PHONE:	
	RESPONSIBLE PERSON IN CHARGE OF W	ORK TITLE			PHONE:	11 125 IFD 2
						GEO DISTRICTO DE 2
	White	⊢Permit Desk Green–Assessor's Ca	nary-D.P.W. Pin	k-Public File	vory Card-Inspector	