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

Location of Construction:	Owner: PINES OF PORTLAND		Phone: 772-2127		Permit No: $O - 1397$
Owner Address: **426 FOREST AVE PORTLAND ME 041	Lessee/Buyer's Name:	Phone: BusinessName:			
Contractor Name: SAA	Address:		Phone:		Permit Issued:
Past Use:	Proposed Use:	COST OF		PERMIT FEE:	- UEL 3 2000
VACANT	SINGLE FAMILY		\$ 105,000 \$ 654.00		
		$\Box \text{ Denied } \text{Use Group:} \mathcal{P}.3\text{Type}$ $\mathcal{O}\mathcal{OCP}\mathcal{P}\mathcal{P}\mathcal{I}_{-1} / \mathcal{OV}$		INSPECTION:	2
				BOCA99_100	CBL: 400-A-044 1. 0
Proposed Project Description:		Signature: PEDESTR	IAN ACTIVITIE	Signature: A.D.)	Zoning Approva h Con du is
		Action: Approved			Special Zone or Reviews:
NEW SINGLE FAMILY WITH GARAGE		Approved with Conditions:			□ Shoreland
			Denied		U Wetland
		Signature:		Date:	□ Flood Zone PArel Z - Eares
Permit Taken By:	Date Applied For:			Date.	🛛 🗖 Site Plan maj 🗆 minor 🗆 (mm 🗖 🤇
K Date Applied For. DEC 5 2000				# 20000217	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					Zoning Appéal
 Building permits do not include plumbing, septic or electrical work. 					☐ Miscellaneous
 Building permits are void if work is not started within six (6) months of the date of issuance. False informa- 					□ Conditional Use □ Interpretation
tion may invalidate a building permit and stop all work					
					□ Denied
					Historic Preservation
					Not in District or Landmark
PERMIT ISSUED WITH REQUIREMENTS					□ Does Not Require Review □ Requires Review
		,	WITH REDUIRE	MENTS	Action:
	CERTIFICATION		TT1111		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,					
•	tion is issued, I certify that the code official's at	-		ve the authority to enter all	Date:
areas covered by such permit at any reasona	able hour to enforce the provisions of the code(s) applicable t	o such permit		
			0000 7		
SIGNATURE OF APPLICANT	ADDRESS:	DEC. 5	2000 K	PHONE:	_
SIGNALORE OF THE LICENT		DALL.			PERMIT ISSUED
REARANGER F REPART ALL RAF OF					WITH RECHIREMENTS
RESPONSIBLE PERSON IN CHARGE OF	WORK, IIILE			PHONE:	
Wh	ite–Permit Desk Green–Assessor's Cana	ry–D.P.W. Pi	ink–Public File	lvory Card-Inspector	