

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

990462

Location of Construction: 214 Virginia St. Portland 04103		Owner: Gene Gelanis		Phone: (207) 797-5024		Permit No: 90462
Owner Address: 214 Virginia St. Portland 04103		Lessee/Buyer's Name:		Phone:		
Contractor Name: * Tim Emery *		Address: *25 Montgomery Rd. Windham, Me.		Phone: (207) 892-4736		Zone: CBL: 404-A-002 7-3 Zoning Approval: OK 5/11/99 Special Zone or Reviews
Past Use: Single Family		Proposed Use: Same		COST OF WORK: \$ 3,400.00 PERMIT FEE: \$ 35.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group A3 Type: 5/3 Signature: [Signature]		
Proposed Project Description: Replce Screen Porch				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> 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
Permit Taken By: U.B.		Date Applied For: May 10th, 1999				

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- 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..

PERMIT ISSUED WITH REQUIREMENTS

Send To Tim Emery

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: May 10th, 1999 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____